

# Chemist & Druggist

April 13 1974 THE NEWSWEEKLY FOR PHARMACY

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**Shopfitting**  
SPECIAL SECTION

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**Interphex 74**  
**conference**  
**reports**

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**Child health:**  
**Guild school**

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**Flourishing industry...**  
**birds-eye view**

*Mentha Piperita*

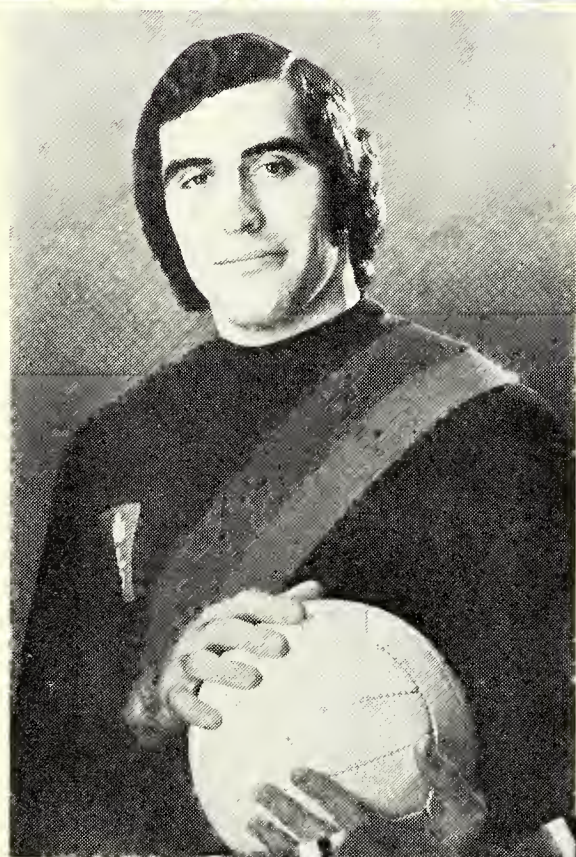
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The newswweekly for pharmacy

13 April 1974 Vol. 201 No. 4908

115th year of publication

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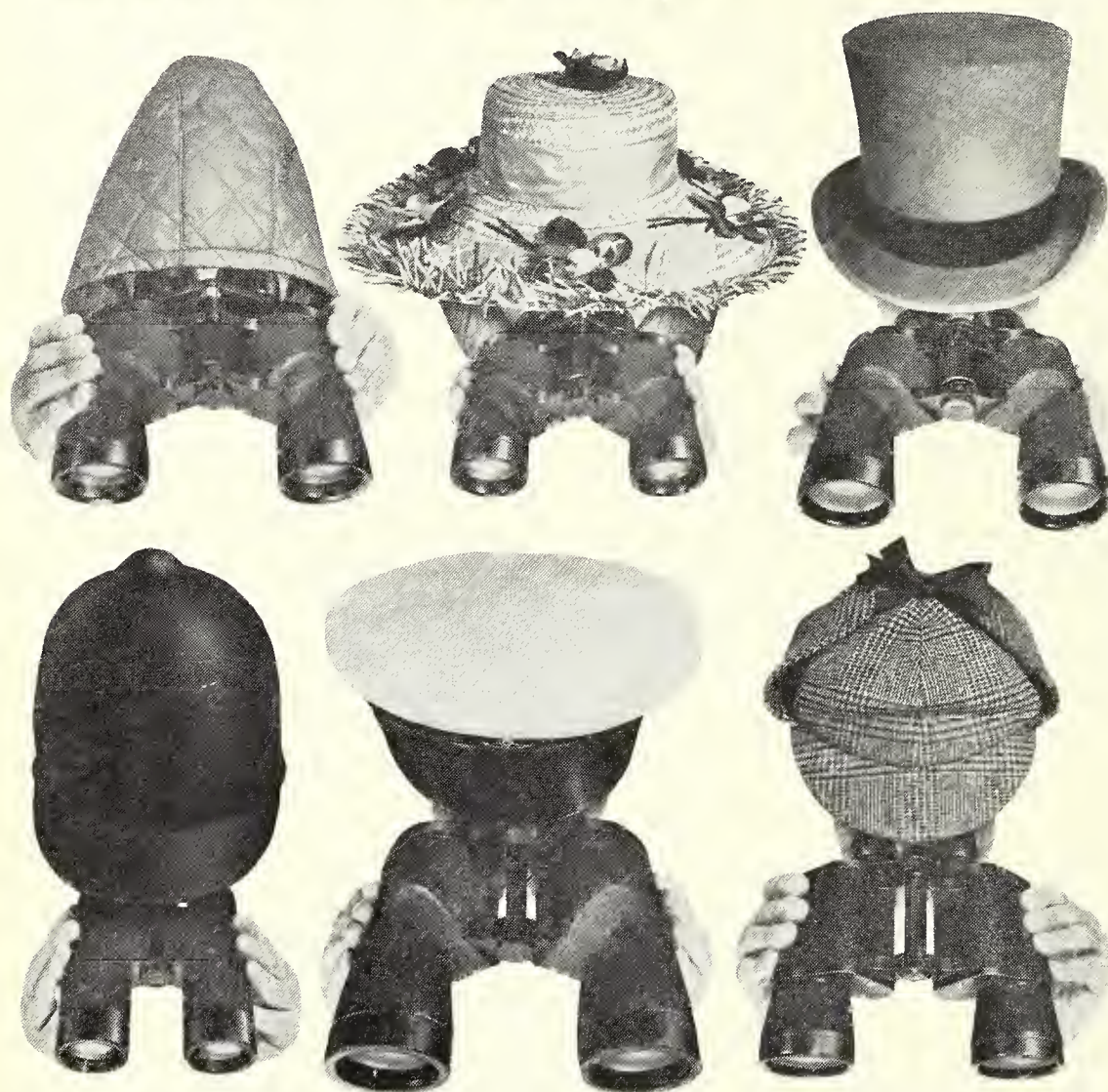
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How "child-proof" and how "protective"  
is the child-resistant container? (see pp  
425 and 431)

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## CANNON BABYSAFE PRODUCTS

# CHANGE IN DISTRIBUTION ARRANGEMENTS

Cannon Rubber Ltd are pleased to announce that, as part of a planned expansion to the Chemist Trade, Barclay Pharmaceuticals have been appointed as distributors for the Cannon Babysafe Range with effect from Monday 1st April 1974.

Barclay Pharmaceuticals representatives will be calling on all Wholesale and Retail Chemists within the next few weeks with full details of the new arrangements, quantity discounts etc.

All orders should either be placed with Barclay Pharmaceuticals representatives or mailed direct to:

**Barclay Pharmaceuticals  
Lakeside Laboratories  
Rawdon, Leeds LS19 7YA  
Tel: Rawdon 2143**

# Comment

## Safety containers

A child-resistant container is, it appears, developing a 'bandwaggon'—and one which is in danger of rolling downhill out of control as more and more people climb aboard.

Almost all the popular misconceptions are neatly summed up in a Private Members Bill which Mrs Knight will be attempting to introduce in the Commons under the 'ten-minute rule' on April 30.

The Bill seeks to 'make it compulsory for all medicines which can be fatal to young children to have child-proof opening devices fitted.'

Just how wide of the mark this wording is (if defensible in intention) became clear at an Interphex conference session last week (p431). First, no-one in either the container industry nor the pharmaceutical industry is prepared to anticipate anything better than a 'child-resistant' container. (A child taking part in one of the Palm 'n Turn tests excused his failure to open the pack by saying that he'd have made it if he'd had a knife! And in a household situation, he might well have had access to both knife and a 'toy' hammer!)

The second misunderstanding—about any medicines' propensity for fatal effects in children—needs no elaboration for a pharmaceutical readership. But most dangerous is the underlying assumption in the Bill that because there are a few commercially available child-resistant closures, we have reached the stage where 'compulsion' should be applied.

Certainly the introduction of such closures on liquid household products is to be applauded, especially where even a minute or two's delay may save the child from disfigurement if not actual poisoning. But this is in relation to individual products where the manufacturer can make a specific assessment of the danger in relation to parameters additional to child-resistance.

The papers and discussion at Interphex showed quite clearly that there are few, if any, closures which meet all the criteria that must be set. Among the

most important here is ease of opening and re-closure by the adult—including the elderly arthritic, because many child poisonings occur in the homes of grandparents. If the adult becomes lax about re-closure and at the same time lulled into a sense of false security about having to lock the container away, the potential danger is obvious. It is no good saving one life if two more are put at risk.

As yet there is no universally agreed standard to measure child-resistance; indeed, there is no agreement on the method of testing! Among the questions being asked is whether the child 'guinea pig' should be 'motivated' by the inclusion of perhaps sweets or a toy in the container. If not, is the test reliable? If so is it right for perhaps 200 young children for each test on each potential container to be shown that gaining access may bring a substantial reward? The latter is a decision for our legislators—and one we feel they may be less anxious to hurry over than they appear to be about forcing haste on the industry!

The Pharmaceutical Society and the Chemist Contractors Committee have both expressed fears about a 'false sense of security' among the public if the containers are used, and a lessening of care towards medicines not similarly packed. For the moment, it appears to be the only responsible attitude that can be taken.

But for the immediate future, greater attention might be paid to the blister and strip package concepts. Mr Dean, Fisons Ltd., has compared costs of these packages with conventional packaging methods—perhaps he should compare them with the likely costs of mass-produced safety containers since the consumer or tax payer will eventually pay, whichever approach to safety is decided upon.

In fact, the investment of more Government money to speed up resolution of the industry's child-safety dilemma might, at this time, be a better outlet for Parliament's energies than are calls for premature 'compulsion'.

## Post Scripts

### of an era

One of the "casualties" of NHS reorganisation has been the Middlesex Pharmaceutical Committee—itsself something of an anachronism since the Greater London Organisation left the county as little more than "a postal address." So at the meeting of the LPC last week, members paid a special tribute to two of the founders.

In all its 60 years, the committee has had only two secretaries, Mr H. E. Clemens and, for the past 31 years, Mr J. Anderson Stewart. The latter (to whom

chairman Mr J. W. Kitchener presented a cheque on behalf of the committee) has served under no fewer than 28 chairmen, four of whom became presidents of the Pharmaceutical Society. When he came to office, the average cost of a prescription was 11d; now it is 87p. Mr Anderson Stewart is to continue his Middlesex associations, however, because he is to act as secretary to "Middlesex pharmaceutical group" of area committees—which are apparently determined not to be put asunder!

At the annual meeting, tribute was also paid to another long serving member, Mr H. G. Moss, who in addition to his 28 years on the committee, has been chairman of both the National Pharmaceutical Union and the Central Contractors Committee.

## Books

### People First in Retail

E. A. Jensen, BCom, MPS, FIPhar M, 39 Withdean Crescent, Brighton, Sussex BN1 6WG. 8½ x 6in, pp203. £2.50.

This is the fourth book by the author on business topics, the others being *Buying a Shop*, *More Profit from your Stock* and *On your Head*. Mr Jensen's latest book gives a good deal of attention to marketing which, of course, takes in selling—the key function of management. The emphasis throughout is as specified in the preface: On "people, their training, their human relationships".

# Employees reject JIC

## 'pay code' offer

An offer of improved JIC rates for retail pharmacy has been turned down by the trade union side. The two sides of the National Joint Industrial Council met on March 26 in an attempt to negotiate new agreements.

The employers' side offer set out below, would have been accompanied by an opportunity to consider a reduction in the working week, and variations in annual holidays and rota payments under the provisions of the Pay Code. The rates are for provincial "A" and represent the maximum permitted by the counter-inflation legislation.

*Pharmacist managers and manageresses* 1971 JIC rate plus increases for Stage 2 (4 per cent plus £1) Stage 3 (7 per cent plus 1 per cent flexibility margin). Weekly turnover £400-499, £2,023; £500-599, £2,078; £600-699, £2,135; £700-799, £2,191; £800-899, £2,247; £900-999, £2,303; £1,000 and over, £2,357.

*Pharmacists* 1971 JIC rate plus increases for Stage 2 (4 per cent plus £1) Stage 3 (£2.25 plus 32p per week flexibility margin): First year after registration £1,642; second year after registration £1,746.

The offer on weekly rates is as follows: *Dispensing assistants* 1971 JIC rate plus increases for Stage 2 (4 per cent plus £1) Stage 3 (£2.25 plus 32p flexibility margin): Age 20, £18.13; 21, £18.91; 22, £19.69; 23, £20.21; 24, £20.73.

*Shop assistants* (calculated as above): Age 16, £10.64; 17, £11.53; 18, £12.62; 19, £13.29; 20, £14.18; 21, £15.01; 22, £16.05.

*Porters* (calculated as above): Age 16, £10.90; 17, £11.79; 18, £12.88; 19, £13.61; 20, £14.85; 21, £16.72; 22, £18.13.

The meeting of the full council was adjourned when the trade union side announced that they had no alternative but to wait until the current restrictions under the Pay Code were lifted by the government.

## Contractors reply on price control proposals

The Central NHS (Chemist Contractors) Committee has replied to the Government's consultative document on price control changes in the context of remuneration payable to contractors.

In a letter sent last week to the Department of Prices and Consumer Protection it says that although the Price Commission has ruled that remuneration is a matter for determination under Part 1 of the Code, the resultant classification of chemists as distributors derives solely from the artificial situation brought about by excessively rigid application of the Pricing and Pay Code.

"The provision of pharmaceutical ser-

vices can only be regarded as a professional activity which cannot be compromised because remuneration is received on an item of service basis as used by distributors."

Remuneration has been effectively regulated by agreement between the Secretary for Social Services and the Committee and should continue to be so rather than by the Code, so long as the agreement remains in force. "But that if it is held that the Code should continue to apply then the new controls should not apply to chemists' NHS remuneration."

The Committee stresses that as the NHS remuneration of other professional groups such as doctors and dentists remains unaffected by the proposals, it will be "grossly inequitable" if chemists suffer a severe reduction in remuneration.

## Cost inquiry results available in April

At the Committee's March meeting it was reported that the results of the 1973 labour costs inquiry would be available for consideration at the April meeting. All necessary data for the overheads costs inquiry had been received and was being processed.

The Committee could not accept the Department of Health's reply to representations that arrangements should be made to ensure that all chemists received

their NHS cheques not later than the first day of the month. The matter will be pressed again.

Concern was expressed at a letter from the Department indicating that because of the recent General Election a letter which had been prepared for sending to the Committee on dispensing in rural areas had had to be deferred. The prelude of negotiations began in September 1973 when representatives of the Committee, the Council of the Pharmaceutical Society and the Department met to discuss the problems. The pharmaceutical representatives had expressed the view that there should be no more transfers of patients from prescribing to dispensing lists except for those who could cope with the "serious difficulty" criterion of Regulation 29. The officers of the Department had been reminded that, five years previously, they had claimed that it would not be worthwhile to amend the Regulations to provide for such a "standstill" because in their view, an overall solution to the problem was imminent at that time.

The pharmaceutical representatives stressed that the position of rural pharmacists would continue to be eroded while the position remained unchanged. A letter subsequently received from the Department's officers on November 26, 1973, saying that they were, as yet, unable to give any views on the proposals put forward at the meeting and in subsequent letters.

It was unanimously agreed that appreciation of Mr Aldington, Mr Bond and Mr Howells' devoted and lengthy service to the Committee be recorded.

## Statutory Committee three-day meeting

The Statutory Committee of the Pharmaceutical Society will meet at 17 Bloomsbury Square, London WC1, on April 18, 19, 20 to conduct a total of 13 inquiries.

## Budget VAT changes: for Directory

The feature on VAT in Chemist & Druggist Directory 1974 now being circulated went to press before the Budget changes were announced. The following changes should be noted in the Directory as soon as it is received.

☐ The tax is now changed on ice cream, ice lollies, frozen yoghurt, water ices, etc, and mixes and powders for making such products.

☐ Chocolates, sweets and chocolate covered biscuits but not chocolate cake. This category includes diabetic and dietetic sweets and chocolates, chocolate covered slimming biscuits such as Limmits and glucose sweets. It does not include glucose tablets or powdered glucose which remain zero-rated, nor cough sweets, throat pastilles and other medicated confectionery which has always been standard-rated.

☐ Excisable beverages which may be sold without a licence, having a very low alcohol content.

☐ Beverages, fruit juices, bottled waters,

syrops, concentrates, essences, powdered crystals or other products for the preparation of beverages. This section includes Lucozade, Ribena, P.L.J., squashes and fruit juices whether sugar-reduced or not, bottled spa-waters and concentrated drinks such as milk-shake syrups.

However tea, coffee, cocoa, chicory and extracts of meat, yeast, egg or milk, Ovaltine, Bovril, Horlicks and Ovaltine remain zero-rated.

☐ Potato crisps, potato sticks, potato puffs etc, and salted peanuts and other shelled and roasted nuts, when packaged for human consumption without further preparation.

Retailers using Scheme 1 or Scheme 2 modified (the latter is used by pharmacists) do not need to change their schedules because of these changes. Details of changes are contained in Customs & Excise Notice No 717 and 747A.

As petrol is now standard rated a tax invoice should be obtained when buying the fuel for business purposes.

# Prices: Bill brings new restrictions

The Prices Bill, published last week, seeks further power for the Government to restrict price increases.

As well as food products, the goods selected would be articles the Secretary of State considers "necessities normally subject of recurrent expenditure and significantly affecting the cost of living for persons with small incomes."

The Bill allows for the Secretary of State to establish retail prices of goods with reference to their buying prices. Retailers would be obliged to display notices indicating what prices they were allowed to charge.

The way in which prices are to be marked may be controlled, although there is no specific mention of any requirements for marking with indelible ink. The Bill provides for the amount of VAT to be indicated separately and for prices to be expressed in specified units of measurement.

## Over one-tenth population suffers from migraine

More than one-tenth of the population suffer from migraine, according to six surveys conducted by Dr W. E. Waters, senior lecturer in clinical epidemiology and community medicine, University of Southampton.

A total of 4,703 questionnaires were completed from a London general practice, the Isles of Scilly, a prison, a biscuit factory, a girls grammar school and a comprehensive school. The three features of migraine (unilateral headache with warning, nausea/vomiting) were experienced by 24-29 per cent of women and 15-19 per cent of men in the year before the study.

The results confirmed findings of early studies that prevalence of headache and migraine symptoms is greater in women than in men and decreases with age. The overall but consistent increase in migraine in London compared with the Scilly Isles supports the idea that migraine can be related to environmental stress. The prevalence of migraine in one year in people aged 15 to 65 was 23.7 per cent in women, 12 per cent in men in the Isles of Scilly, 28.7 per cent in women and 19.5 per cent in men in the London practice.

Although the response to the questionnaires in the prison population was low and results of doubtful validity, prisoners were found more likely to have the three features of migraine and more severe headaches than men in the general population.

The studies of school children showed a high prevalence of migraine in adolescence. Nearly all the girls attending the grammar school suffered from headaches. There was little support for the view that head-



Dr J. Clancy (left) of the College of Pharmacy, Dublin, points out a feature of a model of the DNA molecule to a group of his students during their recent visit to the Wellcome Museum of Medical Science. Besides visiting the London headquarters of the Wellcome Foundation Ltd, Dr Clancy and his group of 27 students also went to their research laboratories at Beckenham, Kent.

aches occur more frequently after the menarche.

The results of the surveys have been published by Boehringer Ingelheim Ltd in "The Epidemiology of Migraine".

## Clinical trial exemption for licensed medicines

Medicines with product licences have been exempted from controls relating to sale and supply under Part II of the Medicines Act 1968 concerning clinical trials.

The Medicines (Exemption from Licences) (Clinical Trials) Order 1974 (HM Stationery Office, SI 1974 No. 498) also exempts medicinal products not corresponding with the relevant product licence because of a change in a manufacturing process or shape, colour or markings of the product and these medicinal products used as controls.

## More BP Conference arrangements

Additional details of the British Pharmaceutical Conference Nottingham programme are now available (see last week, p 402). Tuesday professional session is "Current Pharmaceutical Juxtapositions in the USA" by Dr W. S. Apple (executive director, American Pharmaceutical Association). The history of pharmacy session covers "Some aspects of Nottingham's pharmacognosy and head of the school professor G. E. Trease (formerly professor of pharmacognosy and head of the school of pharmacy, University of Nottingham). "The company chemist—an historical perspective" by Dr Stanley Chapman (lecturer in economic and social history, University of Nottingham, author of "Jesse Boot of Boots the Chemists").

Wednesday's session for hospital and industrial pharmacists is "The implications for hospital pharmacy departments of the guide to good manufacturing practice", speakers R. Baker (superintendent inspec-

tor, DHHS), Miss H. C. Roberts (perfusion fluids manager, Clatterbridge Hospital), J. W. Trafford (production manager, Allen & Hanburys). General practice pharmacists will discuss "The pharmacist, the general medical practitioner and the patient—the pharmacist's role as a link between doctor and patient". Speaker Dr P. A. Parish (senior research fellow, Medical Sociology Research Centre, University college of Swansea). The banquet principal guest is Sir Alan Marre (Parliamentary Commissioner for Administration).

On Thursday the Conference lecture "Drugs in Fashion" by Dr A. S. W. Burgen (director, National Institute for Medical Research).

## News in brief

☐ Johnson's Wax Ltd are to use the Clicloc 'child resistant' closures on their Pride furniture polish and Teak cream.

☐ Sir Robert Turton, Minister of Health 1955-1957, was created a life baron in the dissolution honours published last week.

☐ Broadcaster Magnus Magnusson will present Distributive Training Awards to a number of Scottish retailing and wholesaling firms at the King James Hotel, Edinburgh, April 18, at 6.45pm.

☐ "Pharmacist hits out at wasteful, inefficient health service" was the title of a half-page article in a recent *Hemel Hempstead Gazette*. The article was based on an interview with an unnamed retail pharmacist "fighting the danger of drug abuse"

☐ The National Health Service (Functions of the Common Services Agency) (Scotland) Order 1974 (HM Stationery Office, SI No. 467, 6p deals with the transitional provisions relating to arrangements made by, and outstanding complaints or representations made to or by, the Scottish Drug Accounts Committee.

# Letters

## Drugs in human milk

I read with interest the useful article by R. J. Greene, entitled "Drugs in Human Milk: Their Effect on the Baby", in your Babycare supplement of March 16.

There is, however, rather more information available than he indicates especially in the laxative area, where he lists "stimulant and vegetable laxatives" as likely to cause "neonatal hypermotility", and "faecal softeners—eg dioctyl sodium sulphosuccinate" as having only a low risk of affecting the infant.

Although some of the older textbooks state that the senna principles are excreted in the mother's milk, thereby affecting the bowel habits of the breast fed infant, the authority usually quoted in support of these statements is that of Illingworth (1953) who stated it was his *impression* (my italics) that senna and cascara had this effect. He was careful to add that he had no evidence to prove it. It is unfortunate that such a cautiously expressed opinion should often have been misquoted as factual evidence.

The senna glycoside laxative, Senokot, is probably the most widely used preparation in the "stimulant and vegetable laxative" group, and Burgess (1972) in his recent monograph on constipation in obstetrics states: "The clinical evidence now available strongly indicates that the senna glycosides have no effect on the milk of nursing mothers."

Thus, Duncan (1957) found no instance of diarrhoea amongst the babies of nursing mothers with standardized senna or cascara. Baldwin (1963) in a controlled comparative trial found that Senokot administered to nursing mothers had no effect on infants' bowel habits. Shelton (1971), in a double blind controlled trial, found no observable effect on babies' bowel habits between mothers given Senokot and those given a placebo.

Werthmann and Krees (1973) now add further confirmatory evidence and report no effect on the infants' bowel habits of mothers given Senokot (even when dosage was doubled) with no senna metabolites detectable in the maternal milk.

The safety of Senokot would seem to lie in the fact that the senna glycosides are virtually colon specific, are effective in very small amounts and are little absorbed. This obviously does not apply to the free anthraquinone, danthron, which is given in much larger quantities and is absorbed to an appreciable extent, especially when administered with dioctyl sodium sulphosuccinate (DSS).

Toxicity experiments on rats in the USA (US patent 2,851,394) have shown that whereas danthron was not lethal in amounts of 22mg/kg, when DSS was added only 9mg/kg gave a 50 per cent kill. This suggests that overdosage of mixtures of this kind could be dangerous to humans.

Goodman and Gilman (1970) state that mixtures of liquid paraffin and DSS

# Topical reflections

BY XRAYSER

## Returned bottles

The plea for the return of empty medicine bottles has not gone unheeded, and I imagine that most pharmacies have seen as varied a selection as could possibly be imagined. Some might have been better delivered to the licensed grocer, while other collections have offered a belated opportunity to acquire a few museum pieces of medicinal 'flats' of imperial measure—and very fine bottles they were, superior in quality and appearance to the tum-bellied product of today, fit only for 'bagging' and not for wrapping neatly in white demy.

But I, who have waged persistent war on bad medical handwriting, have begun to wonder if I have not been a little hard on the doctor at times. All of the bottles returned did not emanate originally from my pharmacy, and I have looked with amazement at the labels of some of my colleagues.

## In haste

In my early days there was on the shelf a copy of *The Art of Dispensing*, published—need I say?—by *Chemist & Druggist*. Several pages were devoted to facsimile labels for mixtures, pills and ointments, and we were adjured to adopt as clear and legible a hand. Some of the labels I have seen recently might suggest to the customer that speed mattered more than care.

should not be used owing to increased absorption of the paraffin and they point out that DSS has not been adequately evaluated.

There can be no doubt that DSS and other detergents of this nature increase the absorption of many substances from the small intestine and that in the case of those drugs where such absorption is undesirable adverse reactions could be increased alarmingly.

The toxicity of DSS itself has now been brought into question. Dujovne and Shoeman (1971; 1972) have found that patients given therapeutic doses of DSS excrete considerable amounts in the bile and from *in vitro* toxicity tests of DSS on cell cultures from human liver they concluded that the wetting agent could be hepatotoxic. Dobbs *et al* (1972), showed that a comparison of the cumulative LD 50's for DSS alone and DSS with oxyphenisatin and danthron supports the hypothesis that the wetting agent is the primary cause of toxicity in wetting agent/laxative mixtures.

In the MIMS magazine for February, 1974, it is stated that there are reservations about the prolonged use of such combinations and caution suggests they are best avoided during pregnancy and for nursing mothers.

E. W. Godding, FPS  
Isle of Wight

Mr Godding was formerly technical direc-

tor of Westminster Laboratories Ltd, the company which introduced Senokot and which is now part of Reckitt & Colman Ltd.—Editor.

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## Mr Millward's history

Mr Millward's first letter to *C&D* bitterly attacked Mr Blum and the Department of Health. Now, in his reply to Mr Hutchinson it is the turn of the Council of the Society.

Perhaps your readers should be reminded that Mr Millward was elected to that Council on the back of Mr Blum's "Action Group", that he left Council to join the Department, and that he is now a candidate for the forthcoming elections to Council.

Demos

## WEEKEND SCHOOL

# Young children may not need special formulations

*Guild of Hospital Pharmacists held their weekend school at the University of Nottingham, April 5-7. The theme was child health. A principal pharmacist questioned need for specialised paediatric formulations and an abstract of her paper is given below.*

Young children may not necessarily need specialised formulations, said Miss N. M. Bampton, principal pharmacist, the United Nottingham Hospitals. The majority of low-dose prescriptions for young children can be dispensed from the official mixtures and commercial preparations already available.

Miss Bampton said attitudes towards paediatric dispensing have changed during the past few months by factors such as the hospital reorganisation, the increasing knowledge of bio-availability and stability studies and the Medicines Act legislation. As a result many preparations once made in-house in her department have been discontinued in favour of commercial preparations, with specialised formulas only reserved for special diseases.

Miss Bampton was surprised how frequently non-coated tablets were accepted by infants. She wished that more drug manufacturers would be more flexible with their preparations and appreciate that there were infants other than "average 5-7 year olds." She felt there could easily be more half-tablets "and certainly quarter-tablets should not necessarily be the luxury of the moment."

Some hospitals overcome problems of low bio-availability by giving injections, for example, frusemide. But the re-use of products in a manner for which they are not generally intended should, in the interests of safety, be discouraged, she said.

In her department, powders are regularly used for low dose preparations of substances available in liquid form, eg thyroxine, propranolol, the source of drug usually being crushed tablets or capsule contents.

If the drug has a reasonable stability in liquid form, for short-term use the following "official diluent" is used: sodium carboxymethylcellulose 1g, syrup 30ml, methylparaben 150mg, propylhydroxybenzoate 15mg, water to 100ml.

## Sugar-free preparations

Problems arise with children whose sugar intake has to be carefully controlled, eg in diabetes, in the inborn metabolic diseases such as galactosaemia, or following gut infections if the altered gut mucosa results in sugar intolerance. Many liquid preparations contain a large amount of sucrose and tablets often contain lactose.

The offending sugar should be marked on the prescription sheet and the pharmacy should be aware of the sugar content of the formulations supplied. Although most manufacturers are pleased to give this information, Miss Bampton had hoped that the sugar

content would have been obligatory on the new data sheets.

A sugar-free solvent recommended for short term use is: sodium metabisulphite 100mg, saccharin elixir BPC 1ml, Nipasept 100mg, special orange essence 1ml, water to 100ml.

One difficulty arises with ampicillin and cloxacillin. If equal doses of each antibiotic are required the carbohydrate-free commercial drops cannot be used, so a solution is made from the ampoules. Some manufacturers are aware of the problem, said Miss Bampton and mentioned nystatin and amphotericin B as being available as sugar-free preparations.

Another problem is the presence of sodium and potassium in injections given to children with kidney disease. Frequently the only solution is to tell the physician what the total ion content of the drug regime is. Here, manufacturers seem unable to provide rapidly the information on sodium content of their products, she said, and one firm needed three days' notice.

Finally, before children with these special problems, particularly sugar intolerances, leave the hospital, the department contacts the patients' local general practice pharmacists to tell them what preparations the children are taking and where they can be obtained, a practice which is "proving good for relationships between hospital and retail pharmacy."

## Pharmacists should 'inform parents of medicines risk'

Pharmacists should point out to parents of pre-school children the dangers of poisoning and the potential toxicity of any medicine they dispense.

This suggestion was put forward by Dr R. C. Dias, consultant paediatrician, Stockton-on-Tees, as a better solution to the problem of accidental childhood poisoning than any major educational campaign, particularly as over half the poisonings involve medicines. Such campaigns tend not to reach the poorer families in which the highest incidence of poisoning occurs, he said.

But any measure making poisons less accessible—"child-proof" containers, foil-wrapped tablets, local "return unwanted medicines" campaigns—would have some effect in prevention. Another measure would be for manufacturers to be legally required to label potentially toxic household goods.

Parents would then know what to keep locked away and identification of the poison would facilitate medical treatment.

Most accidental poisoning occurs in children aged 2-3 years, he said. A baby below 5 months cannot poison itself as it cannot get hold of the poisons and accidental ingestions become less frequent in the 4-5 year old group as children by then have learnt not to eat everything they find.

Dr Dias does not recommend gastric lavage in every case but gives ipecacuanha syrup, 10 ml for children under 1 year, 15 ml if they are older, followed by 200 ml water, to induce vomiting, unless the child is unconscious, the poison swallowed was corrosive or a petroleum compound, or if the child has taken an anti-emetic. Antidotes are also given if available.

## Time lack a problem in infections

One of the greatest difficulties in treating infections of the newborn is lack of time, said Dr A. D. Milner, senior lecturer, Department of Child Health, Nottingham University.

To leave the baby untreated for a few hours could have serious effects, he said, so frequently treatment must start before the results of bacterial cultures have identified the causative organisms. One solution is to screen all the babies coming into the neonatal unit and again when they leave by taking throat, umbilical and rectal swabs, which will give some indication of which organisms are on and around the baby.

Dr Milner warned against liberal use of antibiotics because of the risks of hypersensitivity reactions, superinfection, development of resistant organisms, carrier states as seen in gastro-intestinal infections and partial treatment which can mask more serious conditions such as meningitis.

Dr Milner outlined the treatment of the most common childhood infections. Meningitis, particularly due to *Haemophilus influenzae*, seems to be occurring more frequently, he said. Massive doses of ampicillin are now considered more suitable than the traditional "triple therapy" with penicillin, sulphonamide and chloramphenicol.

A common problem in winter months is severe respiratory distress presenting as acute wheezy bronchitis, usually due to parainfluenza or respiratory syncytial virus. If the child is not seriously ill, treatment is to keep the child warm and give oxygen if necessary, with an antibiotic if there is a risk of underlying bacterial infection.

The treatment for acute gastro-enteritis is basically to replace fluid loss. It is now known, said Dr Milner, that antibiotics such as neomycin and colomycin can increase the time taken for the patient to get rid of salmonella infection. But if the child looks shocked and could become septicaemic following invasion of the bloodstream by bacteria, a systemic antibiotic such as intramuscular gentamicin should be given.

Antibiotics are generally not recommended for upper respiratory tract infections as these conditions are usually viral in origin. Even tonsillitis does not need antibiotics—only if pus, usually due to streptococcal infection, is present should penicillin be given. Otitis media, however, calls for freer use of antibiotics as hearing problems may result if the infection persists.

## GUILD WEEKEND SCHOOL

# Drugs may affect the baby's early life

"It isn't the mother who decides when she's having the baby but the baby that decides when the mother is going to have it" suggested Professor D. Hull, Department of Child Health, Nottingham University. Drugs given in late pregnancy may interfere with the baby's adaptation to extra-uterine life.

Speaking on "Drugs and the foetus" Professor Hull said that steroids from the foetal adrenals increase in secretion under control of the pituitary and induce maturation of the foetus and labour. If the foetus is stressed the sequence of events may be accelerated.

Drugs such as prostaglandins now used to induce labour may lead to the baby becoming jaundiced, possibly because of inhibition of the enzymes which metabolise bilirubin. Conversely, a lower blood level of bilirubin and less jaundice is seen in babies born to mothers who took phenobarbitone in late pregnancy, as phenobarbitone stimulates production of these enzymes in the liver.

One common problem seen in premature babies is respiratory distress, said Professor Hull. The baby suffers from breathlessness, grunting, cyanosis and may stop breathing. The lungs do not stay open correctly because the pre-term infant does not secrete enough of a powerful detergent—a lipid similar to lecithin—which normally lines the lungs. Evidence from a trial in New Zealand suggests that respiratory distress is less frequent in babies born to mothers taking steroids in late pregnancy as these drugs may increase production of the surfactant.

## Three effects

Drugs given in late pregnancy may therefore cause direct toxicity to the foetus (eg tetracycline damaging teeth and bone), may adversely affect the newborn or may retard foetal development, said Professor Hull.

Examples of drugs which cause adverse effects in the newborn when they have been given to the mother in late pregnancy are electrolyte imbalance following thiazides used for hypertension, nasal stuffiness following reserpine, and withdrawal symptoms following narcotics.

Some drugs given in early pregnancy may increase the risk of congenital malformations, eg hair lip and cleft palate tend to occur more frequently in babies born to mothers taking phenytoin in pregnancy. But many variables are necessary for abnormalities to appear—genetic grouping being one—and phenytoin may only increase the risk of hair lip in babies whose genetic configuration predisposes them to it. Some genetic protection was probably present in the 20 per cent of babies who suffered no abnormalities when their mothers took thalidomide. For this reason, studies of adverse effects in animal foetuses have little relevance because the risks are dependent on the genetic

substance of men and women, said Professor Hull.

How much of a drug crosses the placenta depends on its lipid solubility, its degree of ionisation and molecular weight—the more soluble, the more ionised and the smaller the size the easier the passage. Also important are the placental blood flow, placental metabolism of the drug and the placental age.

Some drugs are not bound by the foetus to the same extent as they are bound by the mother: levels of drug not toxic to the mother may therefore be dangerous to the foetus. The concentration of drug reaching the foetus may also be affected by its excretion into the amniotic fluid by both the mother and the foetus.

## Heat loss danger in surgery

One of the greatest risks to the newborn in surgery is heat loss, said Dr G. D. Flowerdew, consultant anaesthetist, Nottingham area.

A drop of 1-2°C in body temperature doubles the baby's oxygen requirements and increases the risk of apnoeic attacks, he said. The baby is therefore wrapped in warm cotton wool and tin foil before being taken to and from the operating table in an incubator. The temperature of the theatre is raised to 75-80°F and the baby lies on an electric blanket throughout the operation.

Discussing premedication, induction and anaesthesia, Dr Flowerdew recommended atropine and vitamin K with no sedative for premedication of children under one year. Sedation carries a greater risk of overdose in smaller children and there is no evidence that the baby suffers psychological trauma from coming to the theatre fully conscious.

Older children are given atropine with a sedative because agitation leading to crying and increased secretions presents a greater risk of laryngeal spasm when induction is carried out.

## Giving drugs is 'easy way out'

Giving drugs to treat behaviour problems is the "easy way out" according to Dr T. A. Ratcliffe, consultant child psychiatrist, Nottingham/Notts area.

Sedation is only necessary for acute anxiety states, he said, when describing behaviour problems in children and adolescents.

A human being is born into the world as a self-centred individual and must gradually learn to accept the necessary situations of life. There is a basic conflict between what he would like to do and what he has to do to conform with the standards of the family

and eventually of society. How the child is handled, from the temper tantrums of three year old through the "skilful ruthless manipulations" of later childhood will determine whether he grows into a centred adult or one who copes successfully with life.

Dr Ratcliffe said that in order to develop self-discipline the child must have relationships with both parents: behaviour problems result not only through failure of training but also through failure of relationships. The tragedy is that large numbers of children are never given these essentials which are just as necessary as food and sleep, he said.

## Mr Raine receives the Evans medal

The Evans medal was presented by John Caldwell, production manager Evans Medical, to Mr George Raine, pharmacist for Merton, Sutton and Waltham.

Mr Raine started his career at Brompton Hospital, London in 1939 and has been a member of the Guild of Hospital Pharmacists since 1940. He was president in 1968/69 and a former editor of the *Journal of Hospital Pharmacy*.

Mr P. I. Harrison, area pharmacist Hammersmith and West London and winner of the Geigy fellowship, presented a summary of the paper he prepared after visiting the USA earlier this year to study systems monitoring adverse drug reactions in hospitals.

Other speakers at the weekend school were Dr E. J. Hiller, consultant paediatrician, Nottingham area, who discussed management of cystic fibrosis and asthma, and Dr R. Nelson, lecturer in paediatrics and child health, Birmingham University who spoke on the use of intravenous techniques in infant feeding.

## Why some people are small

The foetus starts life one cell tall and one cell wide and leaves the uterus 40 weeks later about 21 inches long. This is the fastest rate of growth occurring throughout human life, said Dr K. Simpson, consultant paediatrician Leicester Royal Infirmary.

Speaking on "Growth and physical development" Dr Simpson said in human beings there are about 44 intra-uterine cell divisions with a further four divisions post-natally giving a final cellular number of  $15 \times 10^{10}$ . Failure to grow can be thought of in terms of missed cell divisions and there must be some form of genetic control which influences the rate of cell division and rate of differentiation of cells into different types of tissue.

A person smaller than average could have a small cell number or each individual cell could be smaller than it should be. The reductions could be a result of genetic influences or fluctuations in nutrient supply. Failure of a particular division to occur at a certain time in development probably means that that particular increase in cell number is lost forever.

Continued on p 44

TERPHEX 1974

# Concern over contents in child-resistant' containers

ety per cent of proposed child-resistant containers would not adequately preserve contents, Mr D. A. Dean, Fisons Ltd, at the Interphex session devoted to pharmaceutical and cosmetics packaging. Mr R. Wood, editor *Manufacturing Chemist*, said that in the US over 100 child-resistant systems were in various stages of development. But having assessed systems which are also being offered developed in the UK—using the criteria of child resistance, ease of opening by adults, ease of closing to a safe condition and integrity after continued use—Mr Wood concluded that none is entirely satisfactory. The first products to be marketed with child-resistant closures would be household and pharmaceutical packs and would probably await the introduction of a British standard, protocol type test—costs being estimated at about £2,000.

## Society's view

S. C. Jolly, director of the Pharmaceutical Society's Department of Pharmaceutical Sciences, said the Society's view was that if child-resistant packaging was to be introduced, it should be for all products, not for just those considered most dangerous. Once a decision was taken by authorities, all solid-dosage forms should be child-resistant packed within a very short space of time. In that respect child dose packing had a distinct advantage as it was already in use without the general public seeing it as a safety measure.

In common with Mr Dean, Mr Jolly said that inventors of child-resistant packaging tended to overlook the need to protect solid-dosage medicines from moisture for a short period. Answering questions on the "draft for development" British Standard, he said he could not advise anyone to set up tests on that basis, it might be several years before there was an official standard. Meanwhile, the Medicines Commission working party would be reporting to the Commission in May. Mr Dean in a paper on blister and strip packaging of tablets and capsules, countered frequently—expressed "shelf-space" objections from dispensing pharmacists by showing that when the volume of bottles used for dispensing bulk was taken into account, there could actually be a space saving in some circumstances. However, it depended upon the item and the size of blister pack used. The higher initial costs of these packs could perhaps be largely offset by savings in reduced dispensing and handling costs up to the point of administration and elimination of the cost of supplementary container.

However, Mr Dean concluded that the blister pack alone did not provide adequate protection for moisture sensitive products and the most economical answer was to

use cheaper blister packaging materials together with a suitable overwrap. Mr Dean felt that the multiple-unit pack form might ultimately have child-safety advantages.

On strip packaging, Mr Dean said that those with a foil ply offered excellent product protection. However, they occupied greater volume and were more expensive than blister packs—but if regenerated cellulose or a coated plastic film could be used they could offer "a pack which is cheaper than most bottle packs and which would certainly be cheaper than most bottle packs as a dispensed item." Answering Pharmaceutical Society criticism on the mechanical protection afforded by foil packs when dispensed, Mr Dean suggested that a "cigarette packet" type of pack should be adopted. He believed that it should be the pharmaceutical industry itself that was trying to solve the problem rather than the Society and PIRA.

Mr R. F. Chatfield, chief pharmacist, Central Hospital, Warwick, gave a progress report on his research into the use of unit packaging methods in hospitals. The trials had now extended beyond strip packaging of tablets to include simple dose packs of liquid medicines, using 15ml styrene cups lined with a metallised film. Mr Chatfield was not sure that styrene would be the final material chosen, and work was under way using aluminium cups. Lid seals were easily disintegrated if the pH varied from neutral.

## EEC fails to agree on who controls manufacture

Failure to agree on the qualification of persons responsible for the manufacture of pharmaceutical products has caused delay in adoption of the EEC draft directives, said speakers on Wednesday afternoon. Should those responsible be pharmacists or other professionally qualified people such as medical doctors, biologists or chemists?

Mr J. P. Wells, director, Proprietary Association of Great Britain, said there were different attitudes within the Community towards the alternatives of one pharmacist having personal legal responsibility for all products, or, as in the UK, a body of different professions having responsibility. France, Belgium and Holland are in favour of the former.

As agreement could not be reached, discussion of these proposals was abandoned to make progress towards harmonisation of product registration requirements. One solution would be to introduce the basic code of good pharmaceutical manufacturing practice and continue with national

requirements concerning qualification of staff as a temporary arrangement. In the long term, said Mr Wells, the Community should consider measures to encourage exports to the rest of the world, in which case codes of manufacturing practice would be more important than which profession is to be responsible for manufacture.

Mr Nicolaas Bel, head of division, legislations relative to environment, pharmaceutical products and prices, EEC Commission, Brussels, saw the problem from two angles. To refuse import of a proprietary medicine because its manufacture was controlled by, say, a medical doctor rather than a pharmacist would appear to restrict the free movement of goods if the product's prototype had already been licensed in both exporting and importing countries.

When considered from the angle of free movement of persons and services, the question is whether the person responsible for controls and production can exercise the same profession in the other member states. But the monopoly of the pharmacist, which in some countries of the Community is a basic principle of pharmaceutical legislation, could be undermined and this question leads to the difficult problem of harmonising university studies.

A provisional solution may be found in separating the problems of free movement of goods from those relating to free movement of persons, he said. But in bringing about the free movement of pharmaceuticals it is essential that products are controlled by competent persons and agreement on minimum standards of competence would help. Mr Bel hoped for a decision before the end of the year.

The speakers explained how a Pharmaceutical Specialities Committee, as proposed under the second revised draft directive, could help towards harmonisation of product registration. The Committee would consist of representatives of the licensing authorities of member states and would assess the quality, safety and efficacy of pharmaceuticals submitted for marketing within the Community.

A manufacturer with marketing approval from one national authority who wished to export to other countries would circulate translations of the original application to registration authorities in the countries concerned. If a decision could not be reached, the Committee would provide a forum for discussion but would have no power to override the final decision of a national authority.

Mr S. F. Hall, pharmaceutical assessor to the Committee on Safety of Medicines, said there is already substantial agreement within the member states as to the standards required for the chemical and pharmaceutical evaluation of new drugs.

His secretariat consists of 25 well-qualified pharmacists and assessment of new drugs in the UK is not subject to commercial or political pressures. Unfortunately the situation is not the same in other member countries, he said, both with regard to the numbers of trained staff and the atmosphere under which assessments are made. Member states would be more likely to agree if discussions were carried out in a free and friendly atmosphere and assessments made purely on a scientific and professional basis.

## INTERPHEX 1974

# Sterilisation by radiation of solid drugs?

The possibility of using radiation to sterilise pharmaceutical products was raised by Dr Alan Tallentire, Pharmacy Department, University of Manchester, during the Interphex Conference on the processing of pharmaceuticals.

Dr Tallentire explained that it was the chemical changes following the production of free radicals in absorbing material which led to the inactivation of micro-organisms after radiation sterilisation. Calculations he had made indicated that such a chain reaction in powders and concentrated solutions might cause but few chemical changes in the substances.

"Obviously, if there's no chain reaction, there's no reason at all why we shouldn't use radiation for the sterilisation of solid drugs", he said. "In the case of solutions, if we've got high concentrations, there will usually be only a small amount of degradation". For more dilute solutions, the obvious way "is to interfere with those free radicals reacting with the drug—this obviously entails some form of formulation problem but it should not be beyond the wit of man". There was a wealth of literature on irradiation "and it has not been touched by the pharmaceutical industry".

## Tablet machines

On tableting machines, Dr Keith Marshall, Bradford University, said he had been told by an American "we have now broken the megatablet barrier". That meant that with multi-tip tooling it was now possible to produce more than 1,000,000 tablets an hour with tablet diameters up to 5mm from one rotary tableting machine.

One of the tablet presses at Interphex—the Regina press on the Friedrich Horn stand UK agents Bramigk & Co Ltd—had impressed him with its "unique design". Pressure rollers and stationary cams on the machine had been replaced by upper and lower pressure rings, which rotate with the turret, and are inclined to each other. That "facilitated more gradual compression and decompression whilst maintaining a high rate of output".

The present trend is towards more stations with lower speeds, said Dr Marshall. However, he felt that there was evidence "to suggest that we may be approaching inherent limits to further development" because of centrifugal forces. We were "just seeing the start of control instrumentation" on tableting machines and it was now possible to produce some tablets within a variation of 1 per cent around the mean tablet weight.

"As the range of products coming into the category of sterile products has . . . increased, handling techniques, machinery and operator techniques will have to be

improved to cope with specific product problems", said Mr B. J. Woolsey, director pharmaceutical Engineering & Design Ltd.

In a paper written with Mr K. F. Barnard, product manager, C. E. King Ltd, Mr Woolsey said he knew of one manufacturer "who is filling and sealing ampoules where laminar flow is not employed". Sealed ampoules are used, they are flame opened, filled and sealed almost immediately "so that the product is at risk "for a minute period". It occurred to him that although the ampoules are sterile by virtue of their manufacture, "there does remain the question of particulate contamination". The Continental use of a distilled water spray to lubricate bungs to assist the automatic positioning and insertion of the bungs could, in his opinion, "be a hazard to the whole operation".

The growing awareness of environmental pollution and hazardous working conditions "has led to an increased demand for vacuum dryers which can be operated under maximum hygienic and safety conditions", said Mr I. H. Gibson, sales manager, Mitchell (Drugs) Ltd.

## 'No cosmetic can help in acne'

"There is really no cosmetic which can help in acne," apart from antibiotics which could produce partial relief, said Dr E. M. Tiger, Biocosmetics (London) Ltd, last week. Speaking at last week's Interphex conference on the psychology of perfume and cosmetics, he said acne was due to hormonal causes including the action of hormones on the skin.

Dr Tiger, a dermatologist, claimed that nowadays there was "no strict division between cosmetics, dermatology, medicine and psychiatry". The doctor was often confronted with "severe psychological problems", including the 17 year old girl who had tried all the cures for acne. In an experiment in the USA, "every single aspect of cosmetology and medicine" was tried before there was a psychological improvement in girls with acne.

Later Dr Tiger said the tendency was to assume that androgenic hormones were responsible for acne, and the therapy was to replace them with female hormones. If the sufferer was given "the pill", there was a definite improvement.

## Ageing

Orthodox dermatology offers "no help" to the ageing changes in the skin of a woman after the menopause, said Dr Tiger. "A growing number" of doctors treated the condition with Premarin and one US doctor was "confident he could postpone the menopause by 10 to 15 years by administering Premarin." The inclusion of oestrogens in cosmetics applications such as cream and shampoos had been recommended.

Women had acquired a "considerable amount of knowledge" about the ageing processes. Dr Tiger considered that "only cosmetics based on scientific research will satisfy the women of today." The ageing process was associated with the cross-linking of collagen cells and there was

already a move in the industry to produce soluble collagen into cosmetics.

Dr E. P. Koster, Utrecht University, Holland, said the sensitivity threshold of perfume varied between different people and from day to day in the same person. Women with short menstrual cycles (21 days) showed an enhanced sensitivity between menstruation and ovulation, whereas those with longer cycles showed the opposite effect. In one study he tested three age groups of people for their sensitivity to a certain odour: in the males, there was no difference between children, adolescents and adults, but after puberty the females became much more sensitive than the males, so the difference was due to hormonal changes at puberty.

Another factor was complexity: with complex mixture of odours, there was weakening in their intensity. "Synergism does exist, but is very rare," Dr Koster added later.

Miss J. Byrne-Quinn, market research manager, Proprietary Perfumes Ltd, said "probably less than 10 per cent" of a perfume produced goes into "personal products such as Colognes and after-shave lotions, about 10 per cent went into toiletries and cosmetics which claim other functions than just smells and the remainder was incorporated into products "to clean ourselves, our clothes and all our various possessions."

## Consumers want to know cosmetic ingredients

There is a growing awareness by consumers that they know more about what is in their mattresses and in dog food than what is in their toothpaste, said Miss Toni Stabile.

Speaking on "Consumerism in the USA" on Wednesday morning Miss Stabile argued for the listing of cosmetic ingredients on the label. "Consumers no longer want to spend their time and money guessing what's inside a jar besides hope".

Cosmetics are the only products she knows, except soap, which are used on the human body throughout life by almost everyone and which can be marketed in the USA without government-required testing and without disclosing their ingredients.

Labelling with ingredients would minimise risk of allergic reactions and in cases of accidental ingestion of cosmetics (of which 6,915 cases were reported in the USA in 1971) would help in deciding whether the product swallowed is harmless or deadly.

Warnings should appear on the labels when a product contains caustic, toxic or flammable ingredients, she said. Products potentially harmful to children should be clearly identified and containers should have "child-proof" closures where necessary, particularly as cosmetics are generally regarded as safe and left casually around the house.

The cosmetics industry have argued that there are too many ingredients in cosmetics to list on a small package and such labelling would reveal secret formulas to competitors. But, Miss Stabile said, most cosmetics are based on a few relatively simple ingredients in similar combinations, the only "secret formulas" are likely to be the ratios used.

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# Professional News

Pharmaceutical Society of Northern Ireland

## Design guide for health centre pharmacies discussed

Discussions with Department of Health officials on the design guide relating to health centre pharmacies were reported to the Council of the Pharmaceutical Society of Northern Ireland at its March meeting.

The officials had pointed out that the design guide was necessary for the architect involved in planning a health centre, but the pharmacists took the view that hard and fast rules in accommodation and areas were not desirable as circumstances could vary. It was agreed that the number of pharmacists required according to prescriptions was acceptable and that the various areas laid down were acceptable provided some flexibility was permitted to the pharmacists concerned. It was also agreed to make certain alterations in the wording of the text.

The Department officials had raised the matter of clause 5 of the standard conditions (dealing with the number of additional pharmacists required with the build-up of prescriptions). The pharmacists had not been advised that the matter would be raised and were not prepared to offer an opinion until it had been discussed by their committees.

Mr Eakin said he could not imagine pharmacists operating a health centre pharmacy on a partnership basis. In most cases a limited liability company would be formed and the shares held by the pharmacists directors. If a director died and under his will his shares passed to his widow would she not also become a director? Mr Kerr said work had been done years ago on a model of the Articles of Association for a company conducting a health centre pharmacy. The intention had been that only a pharmacist could be a director. If a director died the remaining directors would purchase the shares from the widow or other beneficiary.

### Another pharmacist

Mr Boyle asked what would happen if the remaining directors had not sufficient cash available to purchase the shares and who was to assess the value of each share? Mr Kerr said provision could be included in the articles and memorandum of association to cover both points. Another pharmacist having the necessary capital could be brought onto the board and a scheme for evaluating shares agreed upon.

After the matter had been discussed it was agreed that information be sought from companies at present operating health centre pharmacies and considered by the Law Committee with a view to having the Society's solicitor model articles of memorandum and association.

The secretary, Mr W. Gorman, reported that the final draft of the Regulations made by the Council had been agreed and signed. It was expected that the Regula-

tions would come into force sometime in April 1974.

A letter from the Department of Health was read concerning the 1974 post-graduate lectures for pharmacists. The Department had written to the four Health and Social Services Boards informing them that pharmaceutical chemists who attended the lectures and who are in contract with Boards could be reimbursed the course fee. The secretary said he had written to each contractor concerned and advised that an early claim be submitted to the appropriate Board.

Mr McIlhagger asked if only contractors could reclaim the fee. The president replied that the letter only mentioned contractors. Mr McIlhagger thought it unfair that contractors, who were best able to pay the course fee, should have it refunded whereas employees did not receive any refund. Did the contractors themselves do all the dispensing and compounding involved in providing a pharmaceutical service? Many hospital pharma-

cists also attended the lectures and wondered whether the Department had any interest in the further education of these members. Courses were held in Great Britain and he believed the expense of employees were paid. At one time Northern Ireland had led the way in having subsidised courses provided under the Health Services Act but it seemed, recent years, to have fallen behind.

Professor D'Arcy said he had taken part in a course recently in Great Britain and suggested that the Education Committee should consider suitable subjects for next year's course and investigate the possibility of all pharmacists attending receiving at least some part of their expenses.

The secretary reported receipt of a letter from the Northern Ireland Branch of the Guild of Hospital Pharmacists and he had sent to the Department of Health a report containing proposals for the grouping of pharmacists in Northern Ireland under the Noel Hall scheme. The Department replied that the matter was under consideration and the Society would be contacted again in due course.

Receipt of a copy of the Draft Medicines (Phenacetin Prohibition) Order 1974 was reported. The Order proposed that from June 1, 1974, sales of preparations containing phenacetin will be restricted to pharmacies, and containers, except for products supplied on prescription, will have to bear a warning label. As a result from January 1, 1975, phenacetin will be available only on prescription.

Reports from the Finance and Northern Ireland E.E.C. Committees were adopted.

## Guild weekend

*Continued from p 430*

Some biological clock must control the whole process of growth but how it operates is still a mystery, said Dr Simpson. The rate of intra-uterine growth is highest during the early part of gestation and shows about six weeks before birth. This slowing is related to a uterine factor controlling foetal size—a convenient mechanism otherwise a small woman might nurture a large foetus and have difficulty in delivery.

Twins or triplets always have birthweights lower than the full-term single baby. But infants who are genetically destined to be large but are restricted by local factors in the uterus usually catch up after birth by an increased growth velocity during the first few months.

Uniovular twins sometimes have different birthweights because in sharing the same placental site, one twin takes more nutrients from the circulation than the other.

Infants may also be small if toxic or infective agents such as the rubella virus have killed cells or decreased the number of divisions, if the baby is premature and has not completed the correct number of cell divisions or if there has been placental dysfunction.

Measurement of skeletal growth is useful as a monitor of general health in childhood, continued Dr Simpson. Growth should show a smooth progression from year to year and follow a set pattern. Any deviations should therefore be investigated.

Some children grow more in spring and summer than in autumn and winter, he said.

Girls are more advanced than boys in growth, particularly in middle childhood and with regard to dental development, skeletal maturation and the time of onset of the growth spurt responsible for the notable increase in size during adolescence when a third of the total adult height is added.

The general pattern of growth velocity varies with different tissues. For example the brain has completed 25 per cent of growth by the time of birth and 95 per cent by age 10, whereas the gonads have a low velocity of growth until adolescence. Fat tissue appears at about six weeks before birth, increases for about 9 months postnatally then diminishes. When the child is about 6-8 years old the velocity increases again and obesity tends to occur.

Since 1840, when the first records were kept average height has risen by 1 cm per decade in pre-school children and 2½ cm per decade in adolescents.

□ Neurological development is most dramatic during the first 18-24 months of life, said Dr J. A. Young, consultant paediatrician, Leicester Royal Infirmary.

During this time the baby changes from a creature with no control of its body in space to the independent toddler.

There will have been development of normal posture and a system of voluntary movement, together with a gradual loss of primitive responses (eg if the young baby is held vertically and the trunk stimulated below the ribs, the buttocks whip round to the side stimulated). The baby will have become able to flex or extend its limbs independently instead of being committed to total flexion or extension.

# New products

## cosmetics and toiletries

### André exclusive launch

André is the exclusive perfume from Jean Paul Rabanne, the French designer. It contains basic notes such as jasmine, rose, geranium and geranium, combined delicately with "woody" notes such as vetiver, sandalwood and *Mousse de Chêne*. It is however, a new synthetic product, used only in minute proportions, which is said to differentiate its slightly metallic note, lending it from other perfumes and giving "an elegant, seductive perfume of incredible tenacity." Handled in the UK by Creative Research Co Ltd, it is intended to be offered initially through no more than 250 outlets in the UK.

The perfume is offered in five sizes ranging from 7cc (£5.20) to 120cc (£30.00). In addition there is a 7cc spray (£6.75) and a 100cc spray (£14.00) and a 30cc spray (£13.75). Other sizes of Eau de Toilette from 60cc (£10.50) to 480cc (£13.80), a 100cc spray (£7.00), a bath oil (£5.00) and a 100g soap (£15.00) complete the present range. Later this year the company are proposing to launch a mens' range (Creative Research Co Ltd, PO Box 62A, Surbiton, Surrey TW5 7LU).

### Early shadows from Miners

Miners have introduced a new eye shadow to their range—Very Pearly shadow (£2.22)—a highly pearlised powder shadow in a square case. There are four colours to choose from; blue, green, brown and grey.

Also from Miners are new shades in their frosted nail polish range (£0.27). The colours have the "town and country" theme, and are city lights, countryside and Cotswold—a mixture of coloured pearls and a grey or brown base colour that gives a two-colour effect on the nail. Country brown and smoky grey colours have also been added to the pearly shadow range (£0.18).

### For smoother hands

Enhance hand balm is a new day care treatment for hands from Juvena. It comes in two sizes—30cc £1.60, 150cc £3.00—and contains an additive "univital" which the makers say protects and nourishes the skin to help keep it looking young (Juvena Great Britain Ltd, 19 Grosvenor Street, London W1X 9FD).

### With beauty by the can-full

Say goodbye to slippery bars of soap" says Rosedale who claim that cleanliness now comes by the can-full with Shower Foam (£0.36½), an aerosol can full of foamy skin shampoo "which is deep-cleaning, refreshing and quick and easy to use". Applied on to dampened skin the foam leaves the skin feeling smooth and

clean. With the same May Green fragrance is an aerosol bath aid, After Bath Freshener (£0.36½) that refreshes and helps to close the pores (Fassett & Johnson Ltd, 19 Radford Crescent, Billericay, Essex).

### A natural skin product

Roberts Windsor have introduced 7 Golden Oils, a skin care product that can be used as a cleanser, moisturiser and nourishing cream. The product (£1.95), contains seven natural oils including avocado, sesame and groundnut.

To introduce the product the makers offer two free with every order of a merchandiser and show card containing eight units, plus a counter display box containing six units (House of Roberts Windsor, Grange Industrial Estate, Llanfrehfa Way, Cwmbran, Mons).

## Equipment

### Spectrophotometer

A new spectrophotometer which reduces the time taken in testing concentration samples in medical and chemical applications, has been developed by Shandon Southern Instruments Ltd, Camberley, Surrey.

The makers say the Kevatron Concentration Spectrophotometer is the first spectrophotometer designed specifically to give readout measurements in concentration units.

Snap-on scales can be prepared to calibrate the instrument for the precise con-

centration range required. The Kevatron can cover measurements at ultra violet level (200 nm) down to the visible wavelength regions (700 nm). Measurements can be shown on a conventional meter, chart recorder, or digital readout accessory.

### Washing machines

A new range of stainless steel washing machines—both rotary and tunnel—for glass containers is now available from Gold Cross Hospital Supplies Ltd, 132 Sloane Street, London SW1X 9AX.

Rotary washing machines have spray filtered media fed to the machine under pressure (1.5 to 2 atmospheres). Spray media are filtered to sub-micron levels. Air-jetting with filtered compressed air follows each spraying to speed the draining of drip water from the inside surfaces. Containers of different shape and size can be handled by utilisation of reducing sockets, up to a maximum of 120mm diameter.

External Stainless Steel tanks with pump and filtration elements re-circulate detergent and distilled water. Input and output positions of dirty and clean containers are separated to prevent re-contamination of clean containers. Machines are of stainless steel throughout.

Tunnel unidirectional, variable speed, washing machines cater for higher demands. All washing media is filtered to sub-micron levels. The machine is in stainless steel, and the makers say all parts are readily accessible for cleaning.

## Prescription specialities

### HISTRYL elixir

**Manufacturer** Smith Kline & French Laboratories Ltd, Welwyn Garden City, Herts

**Description** Clear yellow liquid with odour and taste of pineapple, each 5ml containing diphenylpyraline hydrochloride 1.5mg

**Indications** Allergic and vasomotor rhinitis, urticaria, angioneurotic oedema, allergic eczema, insect bites and stings, food and drug allergy, urticarial and oedematous lesions of serum sickness

**Contraindications** Should not be given in pregnancy unless essential, especially during the first trimester

**Dosage** *Adults and children over 12 years* —10-15ml. *Children, 3-6 years*—2.5 to 5 ml; *6-12 years* — 5 to 10ml. All four times daily

**Precautions** Patients who drive or operate machinery should be warned of possible drowsiness.

**Side effects** Drowsiness may occur. Dryness of mucous membranes, dizziness and blurred vision have been reported.

**Storage** In a cool place

**Packs** 150ml bottle (£0.40 trade)

**Supply restrictions** PI, S7(9)

**Issued** April 1974

### ALPHADERM cream

**Manufacturer** Eaton Laboratories, 125 High Holborn, London WC1V 6QX

**Description** Translucent white cream containing hydrocortisone 1 per cent and urea 10 per cent in a powder-in-cream base which is self-occlusive and may be used as a cream or an ointment. Alphaderm contains no lanolin or parabens.

**Indications** All ichthyotic, eczematous and dry inflammatory skin conditions not due to pathogenic organisms including dermatitis, psoriasis and prurigo

**Contraindications** Bacterial, viral and fungal diseases of the skin

**Method of use** Apply twice daily. May be rubbed well in without causing stinging, as the pH resembles that of skin. Occlusive dressings are usually unnecessary

**Precautions** Should not be used in large amounts or for long periods in pregnancy. Long-term continuous treatment of large areas in infants or severe diabetics should also be avoided

**Dispensing diluent** Dilution not recommended

**Packs** 30g tube (£0.78 trade); 100g jar (£2.15)

**Supply restrictions** PI, TSA

**Issued** April 1974

### Guanimycin reformulated

Guanimycin suspension forte is to replace Guanimycin from April 16 as Allen & Hanburys Ltd, Bethnal Green, London E2 6LA have experienced technical difficulties in the manufacture of the dry powder formulation. Guanimycin suspension forte (150ml, £0.60) provides comparable therapeutic activity but is a ready-prepared, orange-coloured suspension with a lower dose volume. Each adult dose of 15ml contains dihydrostreptomycin sulphate 0.25g, sulphaguanidine 1.985g and light kaolin 4.25g.

## Diet Plan omelette mix

Swedish Egg Products have transferred the sole distribution rights of their Diet Plan low calorie omelette mix to Granose Foods Ltd, Stanborough Park, Watford, Herts WD2 6JR.

The original six omelette pack is to be replaced by two sachets of omelette mix in a temporary pack (£0.30). The re-designed pack should be available in June or July as two shrink wrapped packs each containing 12 x 2 sachets.

## 'Lucky families' promotion

Comedian Charlie Drake will appear in Gillette's television commercial for Right Guard this summer. The commercial will be featuring a "lucky families" competition and Gillette Industries Ltd, Great

West Road, Isleworth, Middlesex, are planning to spend more than £250,000 on the national television campaign.

The competition will offer different prizes each month including a 15-day holiday in Corfu, a caravan and £500 worth of television and stereo equipment for those who can identify household objects featured at unusual angles. Entry forms are on cans of Right Guard and through point of sale leaflets, and users of the product may enter as many times as they wish. Displays featuring the promotion are available.

## Free soap offer

Roger & Gallet Ltd, 16 Lettice Street, London SW6 4EH, are offering a free tablet of carnation soap, valued at £0.50, with every purchase of Extra Vieille Cologne and Cologne travel soap which will retail at £1.60. Display units are available.

## Quant add colours

Four colours have been added by Mary Quant Cosmetics Ltd, Hook Rise South, Surbiton, Surrey, to their lipstick range (£0.60). They are Tokyo rose, a smoky pink; shine on, a pinky brown; smashing shrimp, a peachy pink; and heatwave, a

dusky pink. There are also four shades in the nail polish range (£0.38).

Pearly crayons (£1.10) are a variation of the eye crayon range. These come in pairs of five and offer a choice of shade pastel or muted. The pastel colours peacock, cream, pea green, pink and light blue, and the muted colours are silver grey, bronze, mauve, sludge green and sky blue.

## New account for Bonne Bell

Davies & Long (CI) Ltd, Channel Islands agents for Bonne Bell Ltd, York House, Empire Way, Wembley, Middlesex, have opened an account for them at Crease, a department store in St. Peter Port, Guernsey. The opening will be advertised in the *Guernsey Post*, and the Bonne Bell range will be featured in the *Guernsey Evening Post* and *Jersey Evening Post*.

## Combining picture and print

Polaroid are using both television and Press advertising in the April-July campaign. They have prepared two new TV commercials to back up the Square Shoo 2 (£12.36). Colour spreads are appearing in the Sunday magazines and *Reader's Digest* and in the National newspaper *Daily Express*, *Daily Mail* and the *Sunday Times*. Polaroid, who are now at Ashley Road, St Albans, Herts remind dealers of the effectiveness of their dealer demonstration schemes.

## Bath towel offer

Ronson Products Ltd, Raddalls Road, Leatherhead, Surrey are offering an Osmar "Grecian" bath towel at the reduced price of £1.50 with every purchase of a Ronson automatic tooth-brush. The towels are a choice of turquoise or purple, and can be obtained by sending the guarantee plus remittance to the makers. Colourful showcards featuring the offer are available from Ronson or their representatives.

## Yardley launch their new hair range

The Vidal Sassoon range of hair care products from Yardley of London Ltd, 33 Old Bond Street, London W1X 4AP, will be available for sale in July. The range, which contains three shampoos, a conditioner and a hair spray, is aimed to protect the hair from the effects of "heated rollers, air pollution, and central heating".

The products have been produced by Yardley in close collaboration with Vidal Sassoon, the internationally-famous hairdresser. Together, they have spent many months creating the preparations, which have been formulated to keep hair "healthy, shining and beautiful".

There are three shampoos (£0.54)—for dry, normal and greasy hair—and each bottle contains enough for about 15-20 applications. The shampoos are mild and concentrated, and because they are non-alkaline they will not "dry out" the hair.

The after shampoo conditioner (£0.49) is said to "restore a soft, silky lustre to the



hair" and makes combing easier for wet hair.

Hair Hold hairspray (£0.53) has a "micro-fine" spray that controls hair without deadening and can be removed by brushing. All the preparations are protein based to strengthen the hair and to give extra "body".



The complete range of Vidal Sassoon hair care products showing the three shampoos, conditioner and hair spray

## on TV next week

Ln — London; M — Midland; Lc — Lancashire; Y — Yorkshire; Sc — Scotland; WW — Wales and West; So — South; NE — North-east; A — Anglia; U — Ulster; We — Westward; B — Border; G — Grampian; E — Eireann; CI — Channel Islands.

**Alberto Balsam conditioner:** All except B, CI

**Alberto Balsam shampoo:** All except B, CI

**Alberto VO5 hairspray:** Ln, M, Lc, Sc, WW, So

**Askit:** Sc

**Aspro Effervescent:** Ln

**Body Mist:** All areas

**Close-Up:** All except A, We, B

**Cow & Gate baby meals:** Ln, Lc, Y, Sc, WW, So, NE, We, B, G

**Cow & Gate Babymilks:** Lc, Y, Sc, WW, We, B, G

**Harmony shampoo:** All areas

**Head & Shoulders:** M, Lc, Sc, WW, NE, A, U, B, G, CI

**Spillers Choice Cuts:** L, NE, B

**Sunsilk shampoo:** All areas

**Sure:** All areas



a result of advertising in the *Chemist & Druggist*, Showrax Ltd, display equipment manufacturers, have received inquiries from all over the world

The two coupons reproduced below show that one issue of *C&D* was read as far away as Bangladesh and Malaysia. Showrax themselves have rapidly expanded the export side of their business in the past months and have achieved considerable success abroad.

In Tunis they have completed the first stage of a mammoth re-fit for a large department store. The store has twenty-five different departments including a large perfumery and toiletries section. Merchandise ranges from the most expensive European perfumes to the popular retail brands. When completed the store will contain some 2½ miles of Showrax display shelving the company having competed with ten European shop equipment companies to win the order.

Monsieur Chaouch, general manager of the Tunis store was very impressed with the look of the first stage and he immediately placed another order with

Showrax to re-fit his second store at Sidi-bou-Said which is in an elite residential district of Tunisia on the road to Carthage. The second store also contains a perfumery department as well as a supermarket and fashion boutique and it is expected to attract considerable tourist trade as well as the high-class residential custo-

Two examples of *C&D* advertisement replies received by Showrax

SHOWRAX LTD · TOWER WORKS · NORTHFLEET · KENT DA11 9BE

Please send me details of successful Eureka ☒ Karu-Sell ☒

Name Y. K. CHEN  
Company LIBRARY  
Address UNIV. SAINS MALAYSIA  
PENANG, MALAYSIA

SHOWRAX LTD · TOWER WORKS · NORTHFLEET · KENT DA11 9BE

Please send me details of successful Eureka ☒ Karu-Sell ☐

Name DR. B. N. BANERJEE (L.M.S.)  
Company KORAMARA BAZAR  
Address P. O. KORAMARA, DIST. KHULNA,  
Bangladesh

mers. The equipment, which was manufactured at the Showrax head office and works at Northfleet in Kent, left Liverpool docks for Tunisia on March 13.

Following the visit of Mr A. J. Smyth-Tyrrell, chairman of Showrax, to Brazil, negotiations are in course with a large Brazilian manufacturing company to produce about 60 per cent of the Showrax component range there. The balance would be supplied from the UK following the same pattern as the successful operation which has been carried out for some years in Portugal. Designs and estimates have already been supplied for a 354,000 sq ft "one stop" shopping complex and it is hoped that the following development of 750,000 square ft, could be undertaken under the manufacturing arrangements being negotiated. Plans are also under discussion for a distribution network to make the products widely available in Brazil.

Other current export orders for Showrax have come from Muscat on the Arabian Gulf, Dubai, The Lebanon and The Canary Islands.

## Shopfitting round-up

### Space-saving clip

A new product recently launched by a Midlands spring clip manufacturer is destined to create a revolution in retail display," claim the manufacturers.

It is a space-saving back clip for use with either ¾in. or 1in. perforated board, patented and manufactured by A. D. Assemblies Ltd, Alcester, Warwicks. Because conventional wire fittings have to be angled almost vertical before they can be

inserted in pegboard, a great deal of valuable display space has to be wasted beneath shelves, ceilings and other displays in order that the fitting operation can be performed.

With this it is only a matter of inserting the clip into the board and adding the required wire display support. The end of the wire arm is flattened, ensuring that spring tension keeps the wire in a firm forward position.

When displaying goods in close proximity clips can be fixed in a line on the perforated board and the required wire inserted into the most suitable of any one of three holes in the back clip.

### 'Economic' lamp

A 250 w metal halide discharge lamp—which is claimed to give a light output nearly equal to four six ft 85w fluorescent tubes—has been introduced by Thorn Lighting Ltd, Thorn House, Upper St

Martin's Lane, London WC2M 9ED.

The new Kolorarc lamp—giving a light output of 16,000 lumens—is said to be suitable for indoor use in lower ceilings. It is claimed to provide major economies in current, installation and material costs and to give "a pleasant light." Available with a specially designed Kolorformat recessed ceiling fitting measuring two feet square, the light package, Thorn claim, delivers a higher proportion of light at counter level than a comparable fluorescent troffer fitting.

### Heavy vinyl squares

An addition to their range of heavy vinyl squares has been made by Marley Floors Ltd, Lenham, Maidstone, Kent with the introduction of their HD 600. In six colours HD 600 allows new dimensions in floor design whilst embodying the established advantages of the HD vinyl construction.



# Mightier than the pen.

Nothing on earth is as convincing as seeing the hard-to-believe happen before your eyes.

Which is why Polaroid Instant Picture Cameras will be one of the most heavily televised products in the British photographic business this summer. With a campaign reaching 36 million people, anything up to 20 times each. And lasting from April to July.

Two new commercials, telling them how our Square Shooter 2 gives beautiful colour pictures in only 60 seconds. At a price that's hard to beat. £12.36.

But powerful as television is, we know that only the printed page in major magazines and newspapers can detail all the features of our cameras and show the beauty of our pictures.

So, we'll be using colour spreads in the Sunday Times Magazine, Daily Telegraph Magazine and Readers Digest. And for our Super Swinger black-and-white camera, big spaces in national newspapers like the Daily Express, Daily Mail and the Sun. Reaching another 20 million people.

Which is where you come in. Because if there's one thing that can beat a demonstration of our cameras on television, it's a demonstration in your store.

## **Polaroid Instant Picture Cameras.**



Polaroid and Swinger are trademarks of Polaroid Corporation, Cambridge, Mass., U.S.A.  
Polaroid (UK) Ltd., Ashley Road, St. Albans, Herts.  
© Polaroid Corporation, 1974. All rights reserved.



**360° visibility  
and it turns  
round freely  
to give  
maximum  
exposure**

**Finished in  
rustless  
epoxy varnish  
to make it  
really  
hardwearing**

**The Rotary  
Sales  
Spacemaker  
is on castors  
so you can  
move it  
easily**

## **SHOWS MORE-SELLS MORE-EARNS MORE**

- **65' PRODUCT FACINGS**
- **CAPACITY-OVER 1/2 TON**
- **ROTARY AND MOBILE**
- **WITH WIRE BASKETS -  
WOOD SHELVES-OR HOOKS**
- **SHELVES ADJUSTABLE TO  
SUIT YOUR REQUIREMENTS**
- **33" DIAMETER-63" HEIGHT**
- **ASSEMBLED IN 10-15 MINUTES**

**To: R.D.S. GROUP LIMITED,  
7, HIGH STREET, EWELL, SURREY  
Tel: 01-394 0211**

Please send me full details of Rotary Spacemaker

**NAME** .....

**ADDRESS** .....

**TRADE** ..... **TEL** ..... **C.D.**

## SHOPFITTING

# Dutch shopfitters adapt to meet changes

*As in the United Kingdom, pharmacists in general practice on the Continent are aware of the importance of adapting their premises to meet changing circumstances. One of the largest shopfitters in the Netherlands describes here some of the developments taking place in his country. Some of the pharmacies he has recently fitted out are illustrated below and it is obvious that great emphasis is placed on the reception area with liberal usage of plants*

The reception areas of two Dutch pharmacies recently fitted out. Immediately below is the Udense Apotheek at Uden and at bottom BV Leerdamse Apotheek at Leerdam. At foot of column one is a series of the "rolling" cabinets which are superseding the telescopic cabinet

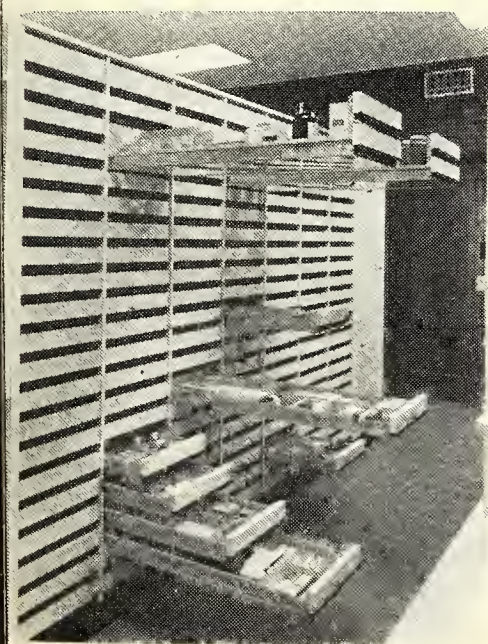
The layout of the dispensing departments in Dutch pharmacies has had to undergo considerable change in the last decade or so in order to cope with the altered prescribing habits of doctors.

As in Britain, the main activity in the dispensary has switched from the compounding of drugs to the supply of ready-made specialities which now make up from 70 to 80 per cent of the total. However a sizeable quantity of capsules have to be filled.

### Adding shelf space

Thus floor plans and storing systems have been or are being radically changed to create more shelf space because proprietary medicines take up more space than the standard shop rounds, if they are to be conveniently placed. Shopfitters have been active developing special cabinets for that purpose. One of the largest companies equipping dispensaries in the Netherlands is Blom Betimmeringen BV of Leerdam. During the 20 years or so they have been operating they claim to have supplied more than 40 per cent of the new or modernised dispensaries in the country. Besides their telescopic storage cabinets they have recently developed a draw unit of 20 drawers, 2 metres in height which offer, they say, 80-100 per cent more storage space than the two telescopic cabinets which are "now being superseded". They also make "rolling"

*Continued on p 442*





*Continued from p 441*

cabinets which are used mostly as an alternative to telescopic cabinets.

The rapid growth of some commodities has created a demand for the opening of new dispensaries but suitable premises are difficult to obtain. Blom can, and often do, lease a fully-equipped temporary dispensary housed in a wooden building of approximately 120sq yd. The furniture and equipment is sold and may be used in the dispensary of the permanent building when completed.

A close collaboration has been established between Blom and a large German supplier of dispensary equipment, Fahrenberger Apothekenbau of Meckenheim/Bonn. The two companies remain indepen-



The Apotheek Overvecht at Utrecht. Telescopic storage cabinets in a Dutch pharmacy are seen in the illustration at left.

dent, the collaboration being limited to research, product development and marketing. The Fahrenberger group possess establishments in France, Austria and Switzerland, and both Blom and Fahrenberger are equipping dispensaries and pharmacies in ten European countries at the moment.

The cabinets built on the telescopic principle mentioned above instance the

close collaboration and at the moment some new systems are being developed by the two companies. They have also developed the FB 2000 organisation system which was adapted to Dutch conditions by Blom. In the near future users of this system will be able to order all remedies by computer allowing for an optimum stock control, orderliness and work saving, Blom claim.

## Detering the dishonest

Quite apart from the mandatory (after October 1) drug cabinet there are a host of aids available to deter the dishonest whether they be the petty, but expensive, shoplifter or the professional burglar.

### Alarm systems

Intruder alarm systems installed with audible 999, police panel and central stations connection can be fitted by Critec Ltd, 16 Shaw Road, Oldham, Lancs. The systems may be leased if required and surveys, free of obligation, are offered by the company which has branches throughout the UK.

### 24-hour timer for alarms

Because of the continuing increase in burglaries, Chubb Alarms Ltd, 29 Enford Street, London W1H 2AE, have designed a 24-hour timer as they feel that soon it will be necessary for timers to become standard features of alarm systems. Specifically designed for use in unoccupied commercial premises, the 24-hour timer prevents intruders entering premises by using duplicate keys or through forcing keyholders to open the premises other than at the pre-set opening time, without an alarm signal being given.

The timer, designed to complement the CA3 control unit, is simple to operate. The cam-arm is set against the desired

opening time and the 24-hour clock dial adjusted to the correct time. This unit allows the alarm system to be switched off during a period of approximately 1½ hours.

In order to guard against false alarms the timer is linked to the entry route circuit of the CA3 control unit. This means that when a keyholder operates the final key/lockswitch to enter the premises the entry bleep only sounds if the timer has cleared. If the bleep does not sound, provided the keyholder then relocks the key/lockswitch without opening the final exit door, no alarm will be created.

A 24-hour anti-tamper device is fitted to the door of the timer. Should the door to the unit be opened when the alarm is set then a full alarm condition is created, but if the system is not set (as during working hours) then local warning is given.

The unit is mains powered but should the mains supply cease to operate then the timer is automatically powered by the alarm system standby supplies.

### Security show cases

A range of circular security showcases has recently been introduced under the title Elegant. They are available in two basic types.

The No. 300 has a 36in diameter by

12in deep display area, with plate glass top and acrylic sides. There are two access doors fitted with security locks. Mounted on a "Mushroom" base, the unit is offered at optional heights of 3 or 3½ft.

The 300 S has the same display area as the 300 but is mounted on a drum storage unit with security locks. The total height is 3ft and it is mounted on castors for ease of movement. Both units can be fitted with a twin 12v/230v internal spotlight system.

No. 30 is similar to the 300 unit but is on a smaller scale, having a 30in diameter by 6in deep display area. The 30 S has the same display area but has a 6in deep storage unit underneath.

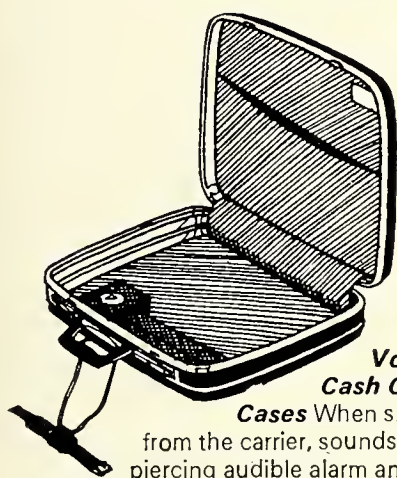
Details are available from the sales office/showroom of Modern Showcases Ltd, 28 Brighton Road, Sutton, Surrey.

### New locks system

Arc (Europa) Ltd, of Watford have introduced a system of security locks which could mean the all too familiar large bunches of metal keys can be replaced by just one plastic key. Each member of staff with access to various secure areas, drugs cupboards, etc, uses one plastic key into which is coded an identification, not of the lock it will fit, but of its holder.

Costs are not quoted on a per unit basis, the suppliers complete a survey of the premises' requirements and submit a detailed specification and estimate.

# Volumatic Security Products



## **Volumatic Cash Carrying Cases**

When snatched from the carrier, sounds an ear piercing audible alarm and sends off clouds of dense orange smoke. The cash is stained and made useless to the thief and the carrier is protected by a year's free insurance. It's a foolproof way to carry cash. Available in three sizes.



## **Volumatic Emergency Alarm**

A multi-purpose portable audible alarm for floor or wall mounting; gives immediate 'press to sound' and 'press to silence' operation with ear piercing signal. Foot or hand operated.

**Volumatic Shoplifters** Bright deterrent orange signs for hanging in retail sales areas. Each sign carries powerful anti-pilferage slogan on either side. A sure way of deterring the casual and impulse pilferer. Low in cost.

**SHOPLIFTING  
IS AN OFFENCE  
WE ALWAYS PROSECUTE**

All Volumatic security products are manufactured under stringent quality control and research is being conducted into the improvement of existing products and development of new products, particularly in the retail security field. We are always happy to discuss specific security projects with customers. All Volumatic products are backed by a one year written guarantee and a free deterrent notice issued with all retail security products.

Solve your security problems now — send for literature today. Cut out this advertisement, attach it to your letter heading and return it to us or just write.

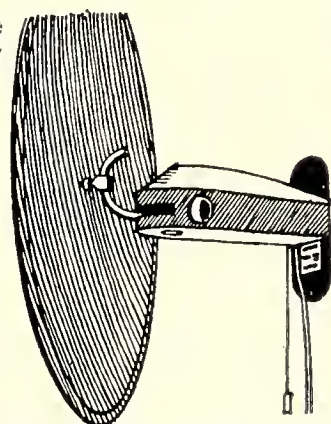
If you feel your store has special security problems, please don't hesitate to write or phone — our advice is freely available.

**Volumatic Limited — leaders in retail security**



**Volumatic Limited**  
Dept CD  
Taurus House  
Kingfield Road  
Coventry CV6 5AS England  
Telephone (0203) 84217/8/9

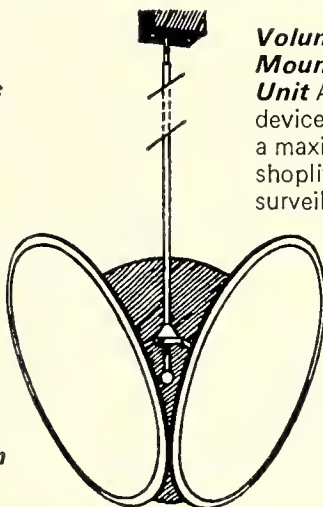
**Volumatic Security Scanning Arm** The ultimate shoplifting deterrent, an electrically driven arm onto which convex mirrors can be mounted. Moves the mirror in a 120 degree sweep every 20 seconds. The mirror's movement maximises the deterrent of the convex mirror and gives added surveillance. Neat, modern and highly effective.



## **Volumatic Ceiling Mounted Deterrent Unit**

A new security device designed to provide a maximum deterrent to shoplifters by constant movement of multi-angle surveillance mirrors.

A ceiling mounted arm on which are mounted three convex mirrors is driven in a circular motion by an electric motor. Can be fixed either to conventional or suspended ceilings. All the mirrors and the suspension tube in bright Volumatic deterrent orange. A fraction of the cost of similar products.



## **Volumatic Anti-Pilferage Mirrors**

Volumatic new generation circular convex mirrors with a bright orange 'halo' trim are the most effective low cost method of pilferage control; three diameter sizes 16 in., 24 in. and 34 in.; tough glass fibre backing makes them virtually unbreakable.

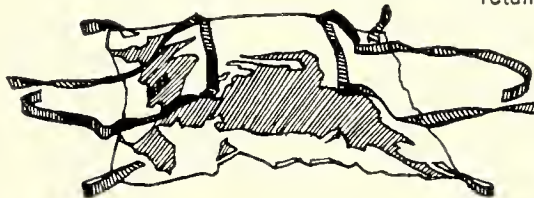
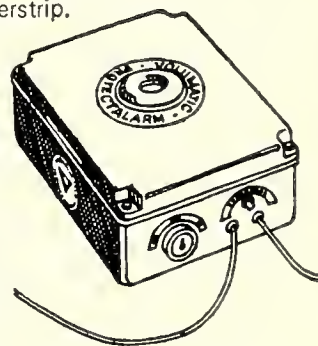
For tight corners, the Volumatic Slimview mirror is the answer. Oblong in shape it measures 24 in. wide by 16 in. deep. Bright Volumatic orange trim for added deterrent effect.

Volumatic Two-Way Observation Mirrors give discreet surveillance of high pilferage risk areas.

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# SHOPFITTING

## Show more and you sell more

*no longer is the decision to modernise a pharmacy taken solely to create better working premises. Today's fittings and the way in which they are arranged, it is aimed, not only achieve that object but allow for much more stock to be on show thus resulting in bigger sales. The four case histories below would seem to substantiate that claim*

### South Kensington: Width increased

"Small and dingy" was how one of the directors of I. D. Sherman (Chemists) Ltd described the interior of their branch pharmacy at South Kensington, London, before it had a refit last year.

The premises of the old-established Kensington business which trades as P. Dalton, are long and disproportionately narrow being fitted out in 1914 with the then popular heavy mahogany furniture. The counter ran more or less the whole length of the shop and behind were the usual "drug runs". Shelving and storage space was really at a premium and it was impossible to display items to their best advantage from the customers' viewpoint. It went the long counter to be replaced, in part only, by two show cases the tops of which are used as the serving counter. This has given greater width to most of the shop.

New shelving, some with cupboards below were fitted to the two long walls. Much more stock can now be shown and stored at the point of sale than previously thus getting away with the need for the former stockroom behind the dispensary. The area which the original dispensary occupied was merged into the shop and the wall of the stockroom demolished to form the site of the new dispensary. This change, together with the smaller counter area, means that the effective selling area is more than doubled.

Heating is by turbo-flow units fixed at

intervals in the skirting board. In summer cool air is circulated from an air conditioning plant which has been installed above a newly-erected false ceiling. The floor has been carpeted throughout with Heuga tiles.

The shop frontage has not been altered but the lighting for the window was changed. The light source instead of coming mainly from above is now thrown upwards from spotlights below the window.

As the alterations were fairly extensive involving plumbing and the laying of a new floor in addition to what has been previously mentioned, the time taken was between four and six weeks. S. I. Myers, 80 Old Street, London, were responsible for the design and carrying out all the separate services and fittings. It was completed in the summer last year since when the turnover has increased by 25 per cent.

### Preston: More floor space

Pomfrets Chemists, of Lancaster Road, Preston, Lancs was bought by Mr R. G. Dawson, MPS. The fifty-year old shop, said Mr Dawson, was drab and old-fashioned with bulky showcases, a solid-back display window and 225sq ft floor space. He called for estimates from seven shopfitting companies and finally awarded the contract to

Storeplan Ltd, Shoeburyness, Essex.

First the window backing was taken away so that passers-by could see in. Next part of the shop's back wall was knocked down to use extra space previously taken up by an oversized dispensary.

By making the shop an "L" shape, and disposing of the cumbersome counters, the floor space was increased to a total of 315sq ft. At the same time fluorescent strip lighting was installed, and put in a suspended ceiling 9ft 6in high in place of the previous 12ft high ceiling. Additional display space was provided by a 7ft by 4ft 6in gondola unit in the centre of the shop.

Cosmetic displays were given mirror backs, and new floor covering was installed. New shop "house colours" of purple and pink, devised by the shopfitters, created a colourful feature above the pelmet line and a fluorescent sign reading "prescriptions" was put up at the back of the shop. Finally the main counter and till were positioned at the back of the shop so that customers would see all goods on display before making a purchase.

Mr Dawson made use of the new-found space to introduce new and more profitable lines — photographic equipment, and fancy goods.

End result of Storeplan's conversion was an airy, modern shop incorporating the most up-to-date merchandising methods. And within one week, Mr Dawson found that his sales were up by 40 per cent. The following week they had increased by 50 per cent, and at the end of the third week they were 70 per cent up.

### Ditchling: Twelve-hour refit

Shopfitters representatives report that there are many retailers still clinging to the idea that though a shop conversion might be alright for some, their turnover would not be increased enough to warrant the expenditure on, and loss of trade during a refit, with the general upheaval workmen bring in their wake.

Mr D. C. Gunn has a small pharmacy

*Continued on p 446*

The South Kensington pharmacy (below left) with traditional pre-war fittings and (right) after the refit.



## SHOPFITTING

Continued from p 445

in the little village of Ditchling, Sussex. Last October he had his premises completely refitted using unit shopfittings manufactured by E-Plan Ltd, of Newhaven.

The pharmacy is just 10ft x 10ft, thus to maximise the display space available while keeping traffic areas clear, was a major problem. It was decided after consultations with the owner, to fix wall units round the major part of the space available, using one run of free-standing units with base and drawers. This provided an effective 211ft of display space. The glass-binned counter would serve a dual purpose as it would show the smaller merchandise, and also effectively block the dispensary from the rest of the shop and inquisitive customers. A double sided gondola with base drawers provides window and interior display with storage space. The fittings were chosen in sun-grain finish with blue back panels which, with a blue carpet gives a pleasing appearance.

The whole refit took only twelve man-hours, with little noticeable inconvenience to either the pharmacist or his customers.

A delighted Mr Gunn reports that the public can now select such items as toiletries for themselves which is a tremendous help in busy periods.

Situated, as it is, in an isolated village, in principle, turnover was unlikely to be improved a great deal. In practice, however, an astonishing 150 per cent increase was achieved on counter goods, with overall increases in all other departments.

### Tunbridge Wells: A "first"

Mr R. Andrews took over the Monson Pharmacy in Tunbridge Wells about 2½ years ago. He had a new shopfront installed a year ago and, more recently, had a complete refit of the inside. This was completed over a period of three weekends a little before last Christmas.

The chief reason for the refit was to get more room for stock, particularly cosmetics as he holds a more-than-average

number of agencies. The shop interior being small, Mr Andrews first took his problem to the pharmacy planning department of the National Pharmaceutical Union who suggested that a fairly new system already employed in a number of department stores and clothing shops, might be the answer. The system suggested and which was later accepted by Mr Andrews, was the Nordia 90 which has been described by the makers as a "Shop in Shop".

With this system it is easy to create "departments" to the shape and size required. Each "department" can be the products of one manufacturer of say cosmetics, photographic materials or baby goods.

The system is, of course, quite flexible. If a larger, smaller "shop" or "department" is required the structure is easily dismantled and can be re-assembled elsewhere in the shop as required.

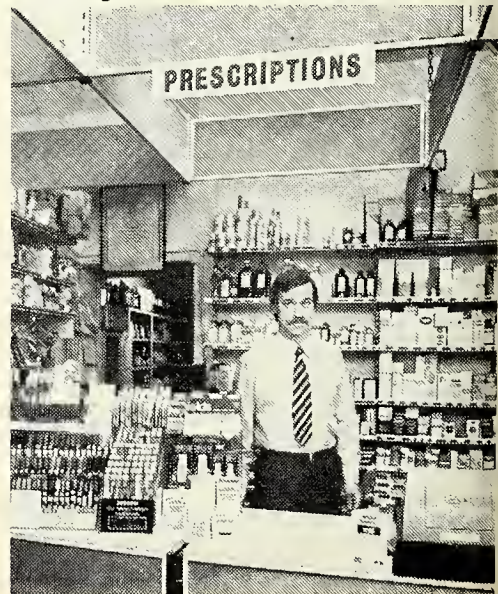
The free-standing metal posts which

support the shelving (see illustration) are held in position by the square metal boxes. Producing a louvred effect the panels of the boxes are coloured to the customer's requirements. In Mr Andrews' pharmacy spotlights have been installed in most of the "squares" giving something of a "boutique" effect.

How did the "staid" customers of Tunbridge Wells react to such a change? Mr Andrews whose pharmacy is the first one in the UK to install the Nordia 90 system, said "They were a bit surprised at first but have now accepted it". At least he himself should have no regrets at making the change because turnover last Christmas was up by 50 per cent and in the quiet months of January through to March sales have been up 20 per cent.

UK stockists of Nordia equipment are William Mason & Son Ltd, Gelderd Road, Leeds LS12 6JD.

The Monson pharmacy, Tunbridge Wells (left) showing the free standing shelving. Only the shelves along the left wall are orthodox fittings. Below: Mr Andrews at the reception counter. At top of page the small village pharmacy at Ditchling.





## ur remedy puts a lot into a little space

Pharmacies carry far more lines than other retail outlets, and usually in much less space, thus creating a problem of enough forward stock. Nordia provided The Monson Pharmacy, Tunbridge Wells with the successful solution. Mr. R. Andrews M.P.S. chose Nordia 'Shop-in-shop' equipment to accommodate large stocks in a comparatively small unit. He says, "Since the installation last December there has already been a most marked increase in sales".

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## SHOPFITTING

# A NEIGHBOURHOOD PHARMACY EXPANDS

Mr J. Trevor Pope opened his first pharmacy in Bracknell six and a half years ago. Since then he has opened three other pharmacies in partnership with Mr Thomas Barker in the same area, the most recent being that in Bullbrook Row. The site, on the outskirts of the Berkshire town, is set in a precinct of about six shops which looks out onto a small paved forecourt. Like Mr Pope's other pharmacies it provides a neighbourhood facility so that residents do not have to travel into the centre of town.

Previously a small pharmacy, Mr Pope has expanded that at Bullbrook Row and completely refitted it with Counterpoint Systems units. The fully glazed picture shopfront with stained timber framing and a light grey fascia carrying the word "chemist" in white, has been left unchanged. The entrance to the shop is set slightly to the right.

All four of Mr Pope's pharmacies are laid out to a similar plan, which provides generous space for customers to walk around and approach the well-stocked shelves for self selection of daily requirements with counter service provided in the medicine and beauty sections. On entering there are weighing scales to the left of the door and a small window display of seasonal merchandise. Units surmounted by plain white illuminated pelmets line the walls. Two gondola display units are positioned off centre on the right hand side and counter service is arranged on the left. The floor is covered with grey and blue linoleum tiles while the suspended ceiling has white textured acoustic tiles.

On the left side of the shop near the window display the wall units incorporate two glass-fronted cabinets displaying perfumes, with stock units below. In front

is a half-fronted white laminate service counter with a glazed display top for mens toiletries and colognes. Lipsticks, nailpolishes and other cosmetics are displayed in manufacturers' dispensers placed on open shelving behind. The remainder of the left hand run of wall units is stocked with self selection toiletries, health foods, and pastilles on open and glass binned shelves, together with a wide selection of fruit squashes and health drinks on the base shelf.

A large red and white illuminated "Prescriptions" sign at the far end proclaims the dispensary. This has also been equipped by Counterpoint Systems Ltd and is partitioned off from the sales area by free standing wall units, one of which is fitted with a window from which the pharmacist can supervise while dispensing.

Surgical and baby care merchandise is

displayed on these shelves which also have a small photographic accessories and film section. The pharmacy counter has a white formica top with a glazed front section containing display drawers for perfumes and hand lotions and stock drawers at the rear.

A double-sided gondola at this end of the pharmacy has four tiered open shelves stocked with further baby merchandise and a range of other goods. Its primary function is to give provision to seasonal merchandise and special offers. On the gondola end near the dispensary is a peg-board display of footcare equipment and a cosmetic display at the other end.

The gondola situated near the pharmacy entrance has a selection of bathsalts soaps, bath essences, flannels, sponges and kindred items on one side with a Rimmel merchandiser at one end. On the other side are slimming aids, a shoe display, hot water bottles and similar merchandise.

The wall units on the right have open shelves stocked for the self selection sale of hairsprays and shampoos along with toothbrushes, toothpaste, talc and deodorants joining up with the baby section at the far end.

Counterpoint Systems Ltd are at Hangar No 1, Ford Aerodrome, Nr Arundel Sussex.

## THE 'FORGOTTEN' DISPENSARY

The benefits of updating sales units in the pharmacy are tangible — an increase in turnover should be the most apparent — but when it comes to the "professional" side of the business, the potential of modernising the fitments is easily overlooked. But with the Medicines Act soon to lay down certain minimum standards of equipment and hygiene, now may be a suitable time to take a second look at the dispensary to see what improvements can be made.

Almost all dispensaries used to be sited in some back-room, store-room or other nooky corner. Year by year additions have, no doubt, been added in the way of an odd shelf or two or some old counter added to form a bench. Invoices, books, papers fill every available spare space on shelves and work-tops alike. Even where a

plastic work-top is fitted it has often become worn badly, cracked or damaged.

Although there are several shopfitting companies engaged in the manufacture of sales modular equipment, few, in fact, specialise in the manufacture and installation of dispensary units. It is because of the odd shapes and sizes to be filled that complete standardisation is not possible, as this would mean that much of the valuable space could be wasted. Some shopfitters provide a modified version of sales equipment, which is a form of compromise and, is usually an economical way of achieving the desired effect, if not near to perfect.

One of the few specialising in the manufacture of dispensary equipment is Olney

*Continued on p 450*

General view of Mr Pope's newly expanded branch at Bracknell and (right) the dispensary separated from the shop by free-standing units one of which incorporates a window enabling the pharmacist to supervise the sales area.



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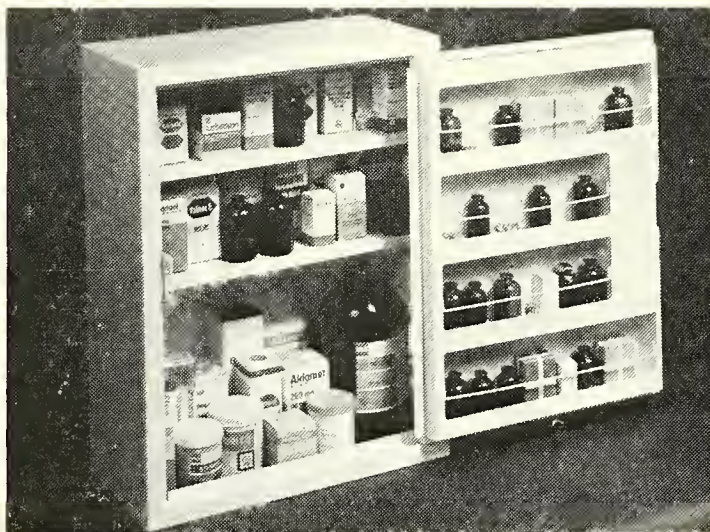
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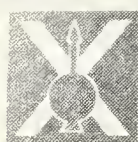
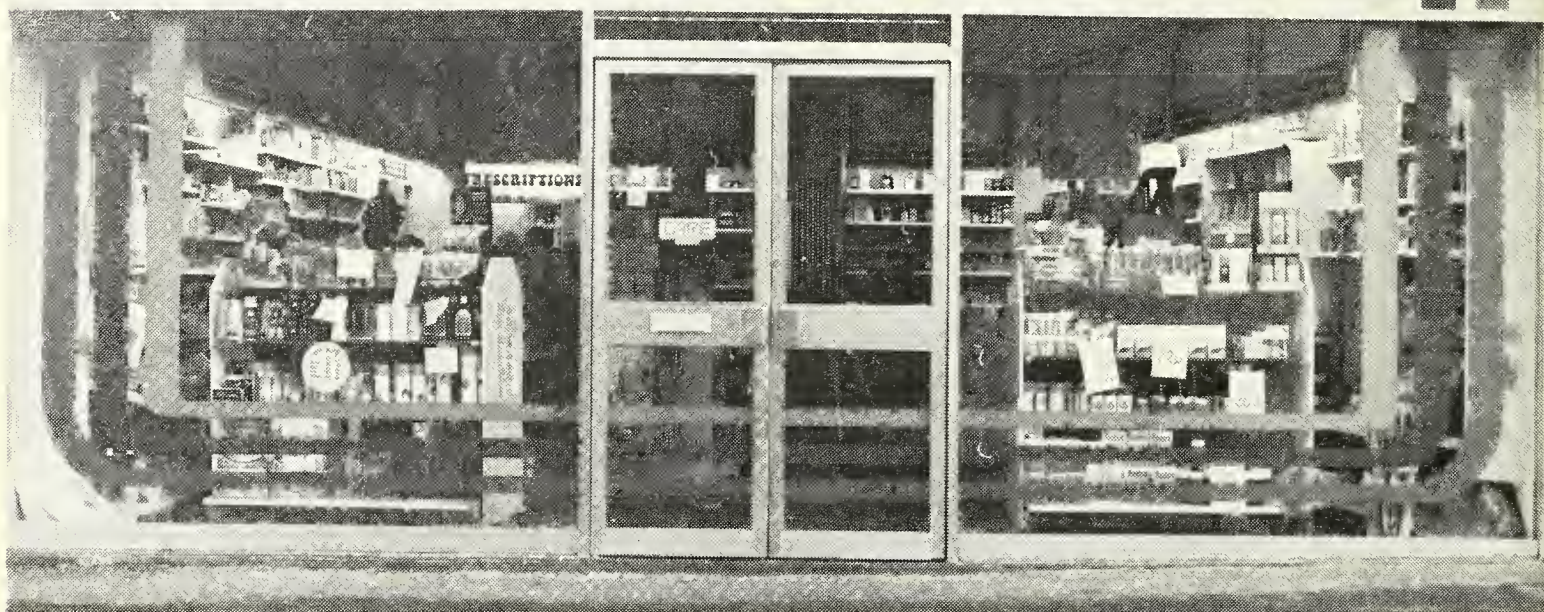
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S. I. Myers Ltd., 80/84 Old Street, London EC1V 9AN

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**Bannermans**
**PHARMACY**


## Enticing shoppers down a side street

A. G. Bannerman Ltd, proprietors of a small group of pharmacies in the Glasgow area, recently opened a branch in Bearsden, a "top" residential suburb of Glasgow.

Dollar-Rae Ltd, 371 Eglinton Street, Glasgow G59 5J, as shopfitters say they were given the objectives to provide premises which would attract customers and "create a personalised identity directly

contrasting with multiple operations." To meet the first objective the frontage given to the premises has colourful window graphics to attract shoppers the 150 yards or so down the side street away from the principal shopping area and is therefore packed with considerable "punch".

The internal environment is created by the skilful use of colour and proper dis-

play lighting. Two interesting practical features are the use of hinged canopies concealing additional stock at high level thus obviating the frequent cluttered appearance which bedevils many chemist shops. Another feature is the inclusion of a continental vertical drawer storage system in the dispensary, a system for which the shopfitters are distributors.

## The 'forgotten' dispensary

*Continued from p 448*

Brothers Ltd of Berkhamsted, Herts. Their Interplan System 80 units are basically standard units, but, in fact, they make many specials to fill all available wall and floor space. Work tops are then added to give a maximum length continuous top. Within the standard units are included, drawers, cupboards, shelves, tidy bins, bottle storage units, which form bases for wet and dry benches. Basic height is 3ft 3in which is a little higher than many existing. Most old benches were probably installed in the days when dispensaries were really laboratories. Olney say a 3ft 3in bench height "certainly helps to relieve the much experienced backache", but benches of almost any height can be installed without extra charge.

Multi-pull or multi-slide tablet storage units are being used more and more. As units of this type increase storage capacity there are good grounds for including these in refitting. It often means splitting stocks into fast and slow moving items, otherwise the pharmacist will be spending too much time opening these units and efficiency will be reduced. An alternative to this is to use stepped open shelves. Many other special items can be obtained to keep the dispensary clean and tidy.

Tidiness aids efficiency and makes for ease of cleanliness. So it is worthwhile when re-equipping the dispensary to include such additional items as label racks in drawers for the lesser used poison labels and specials, even when self-adhesive rolls are used, table bottle bins, cap bins and measure rack drainers.

Perhaps the most forgotten place in the dispensary is the wash basin or sink. It will now be necessary to have either two sinks or a split bowl complete with hot water. This could be incorporated with the refit. A small neat electric water heater which runs hot in seconds, without storage, is often fitted. This means space is saved and running costs are low.

In planning a refit, much help can be given by the shopfitter, who knows the various problems and how to deal with them. The extra costs involved in calling in a specialist can be well worth while.

### Free planning service

A free design and planning service is offered without obligation by Instore Shopfitters Ltd, 2 Fore Down Drive, Portslade, Brighton BN4 2BB. The company have a regional office in Enfield, Middlesex, and the head office is based at Teesside. These locations afford a comprehensive national network with a particularly close service offered to the South-east of England. If required, they state,

they are "happy to work with clients developers, architects to achieve the right scheme at the right time and costing".

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# Company News

## Booker McConnell buying more pharmacies

Booker McConnell announce that negotiations have reached an advanced stage with the directors of E. E. Russell (Chemists) Ltd and Rusco Ltd for the acquisition by Booker McConnell of the whole of the issued share capital of both companies. The consideration for these acquisitions will be approximately £1.1m, to be satisfied by the issue of a maximum of 1,053,360 Booker McConnell ordinary shares. A cash option to the extent of one-third of each individual holding has also been offered. The value of the net tangible assets of the two companies as shown by the last published audited accounts amounted to approximately £532,000.

The directors of E. E. Russell (Chemists) and Rusco have agreed to accept the offers in respect of the whole of their own shareholdings and have recommended the other shareholders of the two companies to accept the offer.

Russell own a chain of 16 pharmacies within a 20-mile radius of Baldock, Herts. Rusco own a wholesale pharmaceutical business and a manufacturing and packing company.

The acquisition of Russell and Rusco will enable the company to expand their pharmaceutical interests to the north of London to extend into pharmaceutical wholesale distribution. The trading names will be retained.

## Glaxo sales up £20m at halfway

Sales of Glaxo Holdings Ltd for the six months ended December 31, 1973, amounted to £117.7m (against £97.0m in the corresponding period of 1972). Pre-tax profits jumped from £12.9m to £18.1m.

Success of the group's antibiotics in widespread overseas markets helped in a 4 per cent advance in manufacturing turnover to £91m.

Vestric had sales up £3.5m to £31.7m.

The Justice Department in the US has led a proposed consent settlement of an anti-trust suit against Glaxo that the company should grant royalty-free licences to manufacture and sell the drug griseofulvin to US companies. The lawsuit had accused Glaxo of restraining the sale of the drug through illegal patent licensing agreements.

## Unichem move towards national network

Unichem Ltd have acquired the pharmaceutical wholesalers Wilkinson and Simpson Ltd, a company with a turnover of £1.5 million. Operating from warehouse premises in Low Friar Street, New-

castle, and also Sunderland, it employs 140 people and serves more than 350 customers.

When completed, the deal is likely to involve investment by Unichem of about £200,000. It increases Unichem's turnover to a current running rate of £22 million.

Announcing the move Mr Tom Reid, Unichem's chairman said it filled one of the most important gaps in their national distribution plan. From Newcastle and Sunderland, Unichem plan to cover the whole of Tyneside, Wearside, and Teesside with up to three times a day service as well as making daily deliveries to chemists as far West as Carlisle.

## Sturge profit and sales ahead last year

From a turnover of £7.32m in the 52 weeks ended December 30, 1973 (£5.89m in 53 weeks 1972) John & E. Sturge Ltd had a group pre-tax profit of £774,000 (£708,237). After tax the group profit was £439,000 (£423,721).

As in previous years, the practice of accounting for the results of associated companies has not been adopted. The directors state that the figures reflect a strong increase in demand for the group's products in the second half of 1973.

The figures also include the costs at £33,000 of opposing a take-over bid (1972 nil), a further provision for loss on investment in an associated company, £45,000 (£50,000) and the additional provision of £139,000 for tax.

## Briefly

**Beecham Group Ltd** are suing Pechiney-Ugine-Kuhlmann of France for alleged patent infringement of their ampicillin.

Whilst with the transfer of ownership **E. J. R. Lovelock** has become **Alembic Oil Co (Manchester) Ltd**, the company will continue to trade under the Lovelock name. Roy de Vries has returned from North America to take over the management of the company, which will continue to market the established Lovelock lines.

**Discount for Beauty**, have recently acquired property at 57 Dundas Street, Middlesbrough, which will provide them with over 2,000 sq ft of sales space on the ground floor. It is understood that in excess of £135,000 was paid for the property.

## Appointments

**Bristol-Myers Co Ltd:** Mr D. Orchard has been promoted from toiletries production manager to production engineering manager for both the Langley and Ruislip factories.

**Wella (Gt. Britain) Ltd:** The Wella International board has appointed Mr O. H. Graulich chairman and managing director of the Great Britain company [corrected note].

**Imperial Chemical Industries Ltd:** Mr F. Whitely, operations director of ICI agricultural division, is being seconded to the company's head office as technical adviser to the main board. Mr Whiteley is succeeded on May 1 at agricultural division by Mr G. O. Morgan, product works manager of the division.

# Market News

## ASPIRIN DEARER

London, April 9: Most inquiries during the week were for pharmaceutical chemicals, particularly those commodities in short supply. There is often a wide gap now between the manufacturers contract price and that for spot parcels from either second hand sellers or for imported material. Aspirin prices rose by between £10 and £12 metric ton according to quantity on April 8. Methyl salicylate was also higher by between £3 and £7 metric ton. Re-sublimed iodine and iodides were marked up but crude iodine was unaltered. Among crude drugs there have been offers received from origin of Cape aloes—the first for about a year. Other changes, all in an upward direction, included belladonna herb, gentian root, henbane, ipecacuanha, nux vomica, podophyllum, styrax and tonquin beans. Brazilian menthol eased on spot but shipment remained firm.

Among essential oils spot offers of lemongrass and cedarwood for afloat were easier. Madagascar clove leaf was dearer from origin while Chinese anise was easier.

## Pharmaceutical chemicals

**Acetic acid:** 12-ton lots, delivered, per metric ton, BPC glacial from £94; 99.5 per cent technical £87; 80 per cent grades pure £82.50; technical £75.  
**Acetomenphthone:** 100-kg lots £0.64½ kg.  
**Ascorbic acid:** £6.00 kg; 5-kg £5.00 kg; sodium ascorbate, plus 8p; silicone-coated, plus 25 p kg.  
**Aspirin:** 10-metric ton lots £750 ton; 5-ton £780; 1-ton £800.

**Ammonium bicarbonate:** £68.60 metric ton nominal.  
**Atropine:** (500-kg lots per kg) alkaloid and methonitrate £65.20; methylbromide £64.20; sulphate £52.90.

**Bacitracin zinc:** £0.11 per mu.  
**Bemegride:** BPC £16 kg.  
**Benzamine lactate:** £95 per kg.  
**Bismuth salts:** £ per kg.

|            | 12½kg | 50-kg | 250-kg |
|------------|-------|-------|--------|
| carbonate  | 8.08  | 7.90  | 7.85   |
| salicylate | 6.83  | 6.60  | —      |
| subgallate | 7.23  | 7.00  | —      |
| subnitrate | 7.38  | 7.15  | 7.10   |

**Caffeine:** Anhydrous £2.93 kg in 500-kg lots; citrate £1.98 kg (50-kg lots).

**Calciferol:** £380 per kg.

**Calcium carbonate:** BP light £60.00 metric ton.

**Calcium gluconate:** 250-kg lots £0.63 kg.

**Calcium lactate:** 250 kg £412 per metric ton.

**Calcium pantothenate:** £5.50 kg; £4.00 kg.

**Calcium sodium lactate:** £0.819 kg in 50-kg lots.

**Cantharadin:** £0.75 per 100 g.

**Carotene:** Suspension 20 per cent £28.50 kg.

**Chloral hydrate:** 50-kg lots £0.75 kg.

**Colchicine:** £0.90 per g.

**Cyanocobalamin:** £1.00 per g.

**Dienoestrol:** 5-kg lots £90.00 kg.

**Digoxin:** 25-250g lots £2.20 per g.

**Ephedrine:** Alkaloid £17.15 kg in 100-kg lots; hydrochloride £14.14; sulphate £14.95.

**Ether:** Anaesthetic BP 2-litre bottles £0.91 each for under 350 litres; £0.85 each for over 350 litres; 45-litre drums £0.31 litre for 350-litre lots.

**Solvent BP—per metric ton in drums from £333 for 50-kg lots in 16-kg drums to £318 in 130-kg drums.**

**Gallic acid:** 1,000-kg £1.68 kg.

**Hydroxocobalamin:** £3.00 per g.

**Hypophosphites:** £ per kg.

|           | 12½-kg | 50-kg |
|-----------|--------|-------|
| Calcium   | 1.4    | 1.06  |
| Iron      | 2.35   | 2.27  |
| Magnesium | 1.88   | 1.87  |
| Potassium | 1.57   | 1.45  |
| Sodium    | 1.27   | 1.17  |

Continued on p 452

Continued from p 451

Iodides: \*per kg.

|            | under 50-kg | 50-kg | 250-kg |
|------------|-------------|-------|--------|
| Potassium* | 2.58        | 2.45  | 2.43   |
| sodium     | 3.26        | 3.13  | —      |

\*For crystals and granules. Powder plus £0.11 kg.  
**Iodine:** Chilean crude £2.08½ per kg; resublimed £3.25 in 50-kilo lots.  
**Iron ammonium sulphate:** 100-kg £0.20½ kg.  
**Iron and ammonium citrate:** (per metric ton) granules, 50-kg lots £650, 1-ton £620. Scales 50-kg £820; 1-ton £790; green £830.  
**Lactic acid:** £750 metric ton for 50-kg lots.  
**Mercury salts:** Per kg in 50-kg lots; ammoniated powder £6.05; oxides—yellow £6.90 and red £7.15 perchloride £5.00; subchloride £6.35. Iodide £6.55 kg for 25-kg.  
**Methyl salicylate:** Per metric ton in 5-ton lots £570; 1-ton £600; 500-kg £630; delivered UK.  
**Nicotinamide:** (per kg) £4.00; 5-kg £3.00.  
**Nicotinic acid:** (per kg) 1-kg £3.80; £2.80 in 5-kg lots.  
**Oleic acid:** BP £300 per metric ton delivered in UK.  
**Phthalylsulphathiazole:** 50-kg lots £1.60 kg.  
**Pilocarpine:** 1-kg lots hydrochloride £96; nitrate £88.  
**Potassium citrate:** £402 per metric ton in 250-kg lots.  
**Progesterone:** £80 per kg.  
**Pyrogallallic acid:** Pure 500-kg lots £4.92 kg.  
**Pyridoxine:** £13.75 kg; £12.75 kg in 5-kg lots.  
**Quinine:** (per kg in 85-kg lots) alkaloid £56.70; bisulphate £45.00; dihydrochloride £55.00; hydrochloride £53.50; sulphate £50.00; hydrobromide (10-kg) £54.50.  
**Riboflavin:** £19.00 kg; 5-kg lots £18.00 kg.  
**Sodium pantothenate:** (kg) £7.50; 5-kg £6.50.  
**Succinylsulphathiazole:** 50-kg lots £2.40 kg.  
**Sulphacetamide sodium:** BP £4.13 kg in 50 kg lots.  
**Sulphadiazine:** 50-kg lots £4.15 kg micro milled plus £0.15.  
**Sulphaguanidine:** BPC in 250-kg lots £2.13 kg.  
**Sulphamerazine:** BP 50-kg lots £3.12½ per kg.  
**Sulphanilamide:** 50-kg lots £1.40 kg.  
**Sulphaquinoxaline:** Sodium, Bvel C in 50-kg lots. £4.38 per kg.  
**Sulphathiazole:** 50-kg £1.83 kg.  
**Sulphamethazole:** BP 50-kg lots £4.57.  
**Tannic acid:** 500-kg fluffy £1.53 kg; powder £1.50.  
**Tartaric acid:** (per metric ton) 50-kg lots £795; 250-kg £790; 1-ton £780.

**Thiamine hydrochloride:** £9.20 kg; 5-kg £8.20 kg; mononitrate £9.70 and £8.70 respectively.  
**Vitamin A:** Oily 1 million iu per g £7.60 kg per 5-kg; dried acetate 325,000 iu per g, £6.10 kg; 500,000 iu £7.25—both in 5-kg lots.  
**Vitamin D<sub>2</sub>:** Powder for tableting 850,000 iu per g £25.00 kg; £24.00 kg.  
**Vitamin E:** (per kg) 25 per cent (gel) £10.85; 50 per cent powder £8.50, acetate £12 kg; £11 for 5-kg lots.

### Crude drugs

**Aconite:** Spot nominal £1,300 metric ton, cif.  
**Aloes:** Cape £1,125 metric ton, cif. Curacao £1,250 spot.  
**Belladonna:** (metric ton) Herb £310; no cif. Root, £490 spot; £480, cif. Leaves cleared.  
**Cardamoms:** (per lb cif) Alleppy greens No. 1 £1.45; prime seeds £1.50.  
**Cherry bark:** Spot £550 metric ton; £530, cif.  
**Chillies:** Uganda £700 ton, cif.  
**Cinnamon bark:** Seychelles Unquoted.  
**Cinnamon quills:** four O's £0.46 lb.  
**Cloves:** (Per ton); Ceylon £2,500; Madagascar £2,400; Zanzibar £2,700.  
**Coicillana:** Spot £700 metric ton.  
**Colocynth pulp:** Spot £720 metric ton.  
**Dandelion:** No spot; shipment nominal.  
**Gentian:** Root £1.30 kg, cif.  
**Ginger:** (ton) Cochin £440, cif, Sierra Leone £675, cif. Nigerian split £475, cif; peeled £700, cif.  
**Henbane:** Niger £1,200 metric ton, May delivery.  
**Ipecacuanha:** (kg) Costa Rican £3.50 spot; £3.20, cif. Matto Grosso £6.30 spot. Colombian £5.30, £5.15, cif.  
**Lanolin:** Anhydrous BP minimum 1,000 kg £430 to £500 as to grade.  
**Lemon peel:** £730 metric ton spot; £710, cif.  
**Liquorice root:** (metric ton) Chinese and Russian £150 metric ton nominal.  
**Lobelia:** European £1.10 kg, cif; American, coarse powder, £470 metric ton.  
**Lycopodium:** Indian £4.75 kg. Canadian £5.50 kg.  
**Menthol:** Brazilian £17.40 kg spot; £19.00, cif. Chinese £20.00 to £22.00 spot.  
**Nux vomica:** £140 metric ton spot; £130, cif.  
**Podophyllum:** Emodi (metric ton) £405; shipment £385, cif.  
**Squill:** White unobtainable.  
**Styrax:** Spot £2.65 kg; no shipment.  
**Tonquin beans:** Spot £1.35 kg nominal.  
**Turmeric:** Madras finger £330 ton, cif.  
**Valerian:** (metric ton) Indian and Continental nominal.

### Essential oils

**Anise:** £27.00 kg spot, £24.75, cif.  
**Cedarwood:** £2.00 gg, cif for afloat; £2.10, cif, forward.  
**Citronella:** Ceylon £3.45 kg spot and cif.  
**Clove:** Madagascar leaf spot cleared, shipment £4.14 kg, cif.  
**Lemongrass:** Spot £4.00 kg; forward £4.10, cif.  
**Patchouli:** Spot £7.25 kg; £6.50, cif.  
**Peppermint:** (kg) Arvensis-Brazilian spot and shipment £8.40 kg, cif. Chinese £9.25 split, shipment £10.30, cif. Piperata American from £19.00.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press but it should be noted that in the present state of the markets quotations change frequently.

## Coming events

### Tuesday, April 16

North Metropolitan Branch, Pharmaceutical Society, School of Pharmacy, Brunswick Square London WC1. Annual meeting.

### Wednesday, April 17

Plymouth Branch, Pharmaceutical Society, Tamar Hotel, Crownhill, Plymouth, at 8 pm. Annual meeting.

### Thursday, April 18

Bristol Branch, Pharmaceutical Society, Dyrham Lodge, 16 Clifton Park, Bristol, at 7.30 pm. Annual meeting.

Burnley Branch, Pharmaceutical Society, Ram Inn, Clivenger, at 8 pm. Annual meeting.

Harrogate Branch, Pharmaceutical Society, Cairn Hotel, at 8 pm. Annual meeting.

Leeds Branch, Pharmaceutical Society, Merrion Hotel, Leeds, at 8 pm. Mr R. G. Worby on 'Central NHS, DHSS and all that'.



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